		-3			
and / Department of Health and Mental H	lygiene	96	34	00)
Certificate of Death	Dog No.				

					State of M	laryland	•		of Health an <i>of Death</i>	d Mental H	ygiene 9 Reg. No.	6 3	4001			
	Dhuaisi		1. Decedent's Nam	e (First, Middle, La	ist)					2. Data of D Month	Peath Day	Year	3. Time of Death			
	Physici Medid			LA	WRENCE HE	NRY CA	AREY J	R.		Oct.	30, 19		:05 PM			
	Examir				re street end numbe				4b. City, Town	, or Location of Das	th 4c. County	of Death				
		Н			ent Cente				Frederi		Frede					
	Funeral Director		5. Social Security Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) 9. Bir (Month, Dey, Year) 7. Age (In yrs. lest birthday) 1. Social Security Number 1. Age (In yrs. lest birthday) 1. A													
	as 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. The marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Experient must be notified at	J.	10a. State	10b. County		10c. City, Town or Location										
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	With Po W	ğ						10f. Zip C			_		,			
	eath	Funeral	310 Brook	CIAWII APA	12. Was Deceden	t Ever in U.S	S 13		702	? (Specify Vas or N		. S.A.	Indian			
_	franch	Fun		ied 2 Married	Armed Forces	?	10.	If Yes, specify	nt of Hispanic Origin Cuban, Maxican, P	uerto Rican, etc.)	ck, While, etc.					
3	urs a	by	3 Widowed		If Yas, Give Year or Dates		,	1 □ Yas 2]	No Specify:		Specif	y: White	e			
2	72 ho	ted	/Cnac	15. Decedent's Edity only highest gra	ducation		16a. Dece	dent's Usuai (Occupation	diaa	16b. Kind of B					
2	ithin	Be Completed by	Eiementary/Seco		College (1-4or	5+)	life.	DO NOT use	done during most of retired)	working						
5	w bed w	Con			1			Barbe				Barber Shop				
Ž	d oth	Be	17. Father's Name							Name (First, Middle	e, Meiden Sumen	ne)				
2	J Mer I	To		H. Care	-		I			Bussard						
Raltimore Maryland 21215-0030	d 2 st th and 7 is n fraun		19a Informant's Na Della T.		**					nberor Rural Route Number, City or Town, State, Zip Coda) rtments, Frederick, MD 21702						
9	Haali em 2		20a. Method of Disp	, ,		20b. Pla	aca of Dispo	sition (Name	of	Dala	20c. Location					
2	permit. Pages Department of Important: If ite any injury or or or		1 ☐ Bunal 2		Removal from State	e ce	metary, crei	matory or other	er piece)	11/2	1					
=	artme ortan injur		4 Donalion 5 Other (Specify) St. Marys Catholic Cem. 11/2 Petersville, Maryla 21. Sign three Function of the Property of the													
ä	permi Depar Impor any ir		Sto	Keil	Mail	up	/ 12	01 NOF	TH MARKET	ST. FRE	DERICK,					
			23a Part1. Enter to shock or hee	he disease, or com it fallure. List only	plications that cause one cause on each	ine.	. Do not ent	er the mode	of dying, such as car	rdiac or respiratory	arrest,	Ap Int	pproximete terval Between nset and Death			
	Physician /Medical Examiner		Immadiata Cause (disease or condition resulting in deeth)	Final	a	DN	eu	~ o	nia				-day(
	Examiner	-	Due to (or as a consequence of):										1			
	nsit ted	Examiner			b							1				
	axecu a and al-trai	xar	Sequentially list confidence if any, leading to imcause. Enter Under Ceuse (Disease or	nditions, nmadiale		Due to (or	as a consec	quence of):								
68760	icata be axecuted physician and s the burial-transit	dicai	Ceuse (Disease or that Initiated events	riying Injury	C	Due to fee										
ď		-	resulting in death) I	Last		Dua to (or	as a conseq	uance of):								
Rox	h card	2			d											
	deat	sicis	Part II. Other signif	Icant conditions c	ontributing to death	bul nol resui	iting in tha u	ndarlying cau	se given in Part I.	23b, DI	d tobacco use co	entribute to the	e cause of death?			
0	ulras that the death certifical signed by the attending p	by Physician/M	Dias	HESN	1411. 11	5				10	Yes 2000	3 Probab	ly 4 Unknown			
Cord	v requira been sig should b	Completed t	per.	phero	a (VKS	cal	ar I	Ren	56	24a. Wa	s an autopsy formed?	avallal	autopsy findings ble prior to letion of cause			
al Re	Division of Vital Records, P.O. or Attending Physician: The law requires that the distributed by the director. After this cartificate has been signed by the in by the funeral director, page 2 should be deteched in by the funeral director.		De.	me	ntid					10	Yes 2 No	of dea				
Š	lclan cartifi recto	Be	25. Was case referrexaminer?		Hospital:				Other les	Death (Check only						
Č	Phys this ral di	2	1 Yes 27. Manner of Death		1 L Inpat		ER/Outpatier 28b. Time o		Liviursii	ng Home 5 □ Re						
r c	ding h. After funs	tlon	1) Selectural 5 Pending (Month, Dey Year) injury Work?													
Divici	the Hospital or Attending Physician: The law requires that the death cariff in 24 hours after death. The Funeral Director: After this carifficate has been signed by the attending heletaly filled in by the funeral director, page 2 should be detached for use a	Certification:	72 ☐ Accident 3 ☐ Suicida 4 ☐ Homicide	6 Could not be determined	e 28e. Place of Ir	njury - At hor etc. (Specify)	me, farm, sir			28f. Location City or T	(Street end Numi own, Steta)	ber or Rural Ro	oute Number,			
	Hospital 24 hours Funeral etaly filled		29a. Certifier	Certifying Ph	ysician: To tha best	t of my know	rledge, death	occurred at	the time, dele and n	lace, and due to th	e cause(s) and m	enner es state	nd.			
	n 24 h	edical	(Check only one)	2 ☐ Medical Exam	niner: On the basis of and manners	of examinal i	knowledge, death occurred at the time, dele and place, and due to the cause(s) and menner inalion and/or investigation, in my opinion, death occurred at the time, date and place, and d						a causa(s)			
	\$ # E #	5	29b. Signature and	Wile of certifier	1 /1			200 1	icense number		20d Date signs	d (Mariath Day	. 1/1			

D16438

29b. Signature and sele of certifian

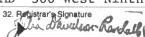
29d. Data signed (Month, Day, Year)

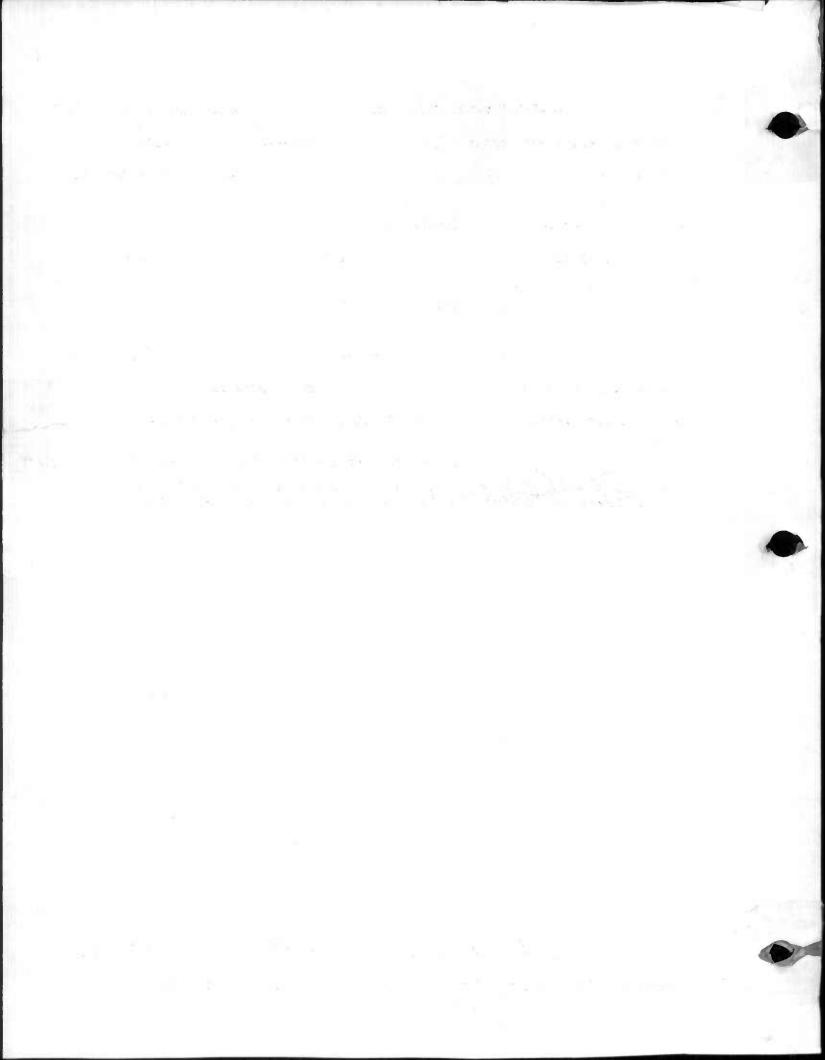
30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)

Casper E. Cline III, MD 300 West Ninth Street, Frederick, MD 21701

State Registrar







State of Maryland / Department of Health and Mental Hygiene 96

					Certificate of	Death		Reg. No.	W 200				
П	Physic	ion	Decedent's Nama (First, Middla, Last)				2. Data of De Month	Day Ve	3. Time of Death				
Į	/Medi		Oneida Sarah	Cline			Oct.	25, 1996	12:30 AM				
	Exami		4a. Facility Nama (If not institution, giva straat and number			4b. City, Town, or L	ocation of Death	4c. County of E	Death				
L			Northampton Manor N			Freder		Frede					
	Funeral Director		5. Social Sacurity Number 220-16-1874 Usual Rasidance of Decedant	Aga (In yrs. last bir 97	thday) If Undar 1 Yaa Months Days		(Month, Da	y, Year) 9. 2, 1899	Birthplaca (Steta or Foreign Country) Md.				
	how		10a. Stata 10b. County	10c. City, Town			·		10d. Insida City Limits				
	h tha Maryland r 28a-f show	cto	Md. Frederick	Fr	ederick				13€ Yas 2 No				
	th with th	Funeral Director	10e. Street and Number 1 Norva Ave.		10f. Zip Coda 21	701		10g. Citizan of What	: Country?				
Baltimore, Maryland 21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland if of Health and Mental Hygiene. If item 27 is marked other then "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examiner must be notified at	by	11. Marital Status 1 Navar Married 2 Marriad 3 Novidement 4 Divorced 12. Was Dacedar Armed Force: 1 Yas, Giva Yaar or Datas	s? } €No	13. Was Decedant of If Yas, specify Cu	ban, Maxican, Puarto	pecify Yas or No Rican, atc.)		Amarican Indian, Vhita, atc. White				
5-(72 h natu	Completed	15. Decedant's Education (Specify only highast grada complated)	16a.	Decedant's Usual Occu (Giva kind of work done life. DO NOT use retin	upation a during most of work	ding .	16b. Kind of Businass/Industry					
12	within lena. then	I du	Elamentary/Secondary (0-12) Collega (1-4o			ed)	Yi.		1				
9	al Hygie other		17. Fathar's Nama (First, Middla, Last)	N	omemaker	18 Mother's Nem	a /Firet Middle	OWN Maidan Sumama)	home				
an	should be and Mental I marked or	o Be	Edward Gaver				Harp	maiouri Damariay					
ary	2 should be and Menta is marked raumatic ev	J.	19a. Informant's Name/Ralationship (Type, Print)	19b	. Mailing Addrass (Stree			er. City or Town. Sta	ta. Zip Code)				
Ž	aith aith ar 27 is		Madlyn C. Burtis (Dau										
re,	s 1 and 3 if Haaith itam 27 other tr		20e. Mathod of Disposition	20b. Piaca of	Disposition (Nama of y, cramatory or other pl		Data	20c. Location - City					
E	Page nent c mt: H iry or		1 XBuriai 2 ☐ Cramation 3 ☐ Ramoval from Stat 4 ☐ Donation 5 ☐ Othar (Specify)	a	eran Ceme		.0/28	Middlet	own, Md.				
Balti	permit. Pages 1 an Department of Haal Important: If itam 2 any Injury or other anges.		21. Signature of Funeral Service License	1	22. Nama and Addi Donald B 31 E. Ma	ass of Facility Thomps	son Fur	neral Ho	me				
			23a. Part Lentar tha disaasa, or complications that chus shock, or heert fellure. List only one cause on such	ad tha death. Do r	not antar tha moda of dy	ring, such as cardiac	or raspiratory a	rrest,	Approximata				
V	Physician		Shoot, of hoot foliate. List only one cause of high						Intervel Between Onset and Death				
d	/Medical Examiner		Immediata Causa (Final disaese or condition	Ova	sina C	ANCE			4000-				
	Examiner		rasulting In daath) a	Dua to (or as a	consequance of);								
	p #	ine	b						i				
60,	ficate be executed physician and is the burial-transit	ai Examiner											
ox 68760,	certi oding	n/Medical	resulting in death) Last										
Bo.	death co	Physician/	Part II. Other eignificant conditions contributing to death	but not encutting in	the underbine source	han la Dari I	OOD DIA		auto to the sauce of death?				
P.O.	that tha death ed by the atte detached for	hys	Tartil. Other eignineant conditions contributing to death	but not rasuling if	i tria urioariying causa g	Ivan in Pan I.	230. 010		oute to the cause of death? ☐ Probably 4 ☐ Unknown				
	es tha igned be de	ру Р						100 112110 0					
Records,	aw requii as been s 2 should	Completed					24a. Was perfo	an eutopsy mad?	Wara autopsy findings available prior to completion of cause of death?				
	6 5 6	E C					10	ras 20 No	1 ☐ Yas 2 ☐ No				
Vital	cartificata	Be	25. Wes casa rafarred to medical axaminar?			26. Placa of Oaal	th (Check only o	ona)					
Ž	Physic this ca	2	1 ☐ Yas 2 ☑ No Hospital: 1 ☐ Inpa	tient 2 ER/Ou	tpatient 3□ DOA O	thar: Nursing He	oma 5 🗆 Rasio	dance 6 Othar (S	Specify)				
Division of	To the Hospital or Attanding Physicien: within 24 hours after death. To the Funeral Director: After this cartific completaly filled in by the funeral director,	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident Invastigation (Month, D	jury 28b. 7 lay Year) li	ima of hjury 28c. Injury W	ury at ork?] Yas 2 □ No	28d. Dascribe	now Injury occurred					
<u>\S</u>	Die affe	Certifi	3 ☐ Suicida 6 ☐ Could not be datamined 28a. Piaca of I building, 6	njury - At homa, fa etc. (Specify)	rm, streat, factory, office		28f. Location (: City or Tox		r Rurai Routa Number,				
	To the Hospital within 24 hours of To the Funeral I completely filled	edicai	29e. Certifiar (Check only one) Certifying Physician: To tha besi and mennar s	of axamination and	, daath occurred at tha t d/or invastigation, in my	ima, data and placa. opinion, daath occur	and due to the red at tha tima,	cause(s) end manne data and placa, and	r es steted. dua to tha causa(s)				
	To the Within 2 To the compla	Σ	29b. Signatura and titla of Sertifiar	1 .	29c. Licar	sa number		29d. Data signed (M	onth, Day, Year)				
			Mayor ?-	line	a MIDIL	,428		10/20	196				
_			30. Name and address of person who completed cause of	death (flam 236)	Type, Print) O Wat	Nont	2 St	et Fro	elmoan				
	Sta Registr		31. Data filled (Month, Day, Yaar) 1996	transisionatura	Rarbell								

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate	e of	Death			Reg. No.		0 4 0 0 0	
	Dhysia	ian	1. Dacedant's Nama (First, Middla, La	st)						2	. Data of Da Month		Yaar	3. Tima of Death	
	Physic /Medi		WILLIAM ALBERT	CONNER						NO		•		2129	
	Exami	ner	4a. Facility Nama (If not institution, giv	a straat and numbar)					4b. City, To	wn, or Loca	VEMBER	1,1996 4c. County	of Death	2123	
Ш		м	Calvert Memor						rinæ I			Calvert			
	Funeral Director		5. Social Sacurity Number 6. S 216 18 5406	ax 7. Ag M 2□ F 73	a (In yrs. last bi	Yrs.	If Undar Months	1 Yaar Days	If Undar Hours	Min.	Data of Bir (Month, De	th by, Year) 30, 1923		placa (Stata or Foraign ntry) and	
	yland		10a. Stata 10b. County		10c. City, Tov	vn or Loc	cation						1	IOd. Insida City Limits	
	the Man 28a-f st	Director	Maryland Calvert 10e. Straat and Number		Prin	œ Fr	10f. Zip					10g. Citizan of V	Vhat Cou	1 ☐ Yas 2, ☐No	
	s 23e or	eral Di	5255 Sixes Road	10.111		ver in U.S. 13. Was Dacedant of Hispanic Origin? (Sp. If Yas, specify Cuban, Maxican, Puart						United St	ates		
0020	filed within 72 hours after death with the Maryland Hygiene. ther than "netural", or items 23e or 28e-f show ant, the Medical Examinating must be notified at	by Funeral	11. Marital Status 1 Navar Marriad Marriad 3 Widowed 4 Divorced	12. Was Dacadant I Armad Forcas? 1 Yas 2 If Yas, Giva Yaar or Datas:			Vas Dacedi Yas, speci □ Yas ⊈		dispanic Origan, Maxican Spacify:		ly Yas or No can, atc.)	Specify	Race - Americen Indian, Black, Whita, atc. ecify: white		
Maryland 21215-0020	/ithin 72 h ne. han "netu	Completed	15. Decedent's Ed (Specify only highast gra Elamentary/Secondary (0-12)	ducetion ida com <i>plated)</i> College (1-4or 5		Daced (Giva I life. D	ant's Usua kind of work OO NOT use	l Occup k dona e retire	petion du <i>ring</i> most d)	t of working		16b. Kind of Bu		dustry	
7	e filed withir el Hygiene. Other than	S	12		fa	mer						agricultu			
yland	Mentel Mentel arked o	To Be	17. Fathar's Nama (First, Middle, Last) Hanny D. Conner								irst, Middla, Maidan Sumema) zabeth Wood				
Ja	2 sho		19a. Informent's Name/Relationship (ar, City or Town,		Code)	
	l and lealth m 27		Phyllis H. Conner wife	;					Prince		derick Maryland				
altimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 Is any Injury or other tra once.		20a. Mathod of Disposition Burial 2 Cramation 3		20b. Placa o cemata	ny, cram	atory or oti	a or har pla	ce)		Data	20c. Location -	City or To	own, Stata	
	rtmer rtant njury		4 Donation 5 Othar (Spacify		Asbury			alver	t Maryland						
Ba	Depa Impo any I		21. Signatura of Funaral Sarvica Lican	Isaa		22.	Nama and	1 Addra	ss of Facilit		sch Fur	eral Home	PA.		
			23a. Part1. Entar tha disaasa, or comy shock, or haart fallure. List only	ock)		440	5 Broo	mes	Is. Rd	. Port	Regubli	ic Marylan		76 Approximata	
>	Physician /Medical Examiner	er	Immadiate Causa (Final disaase or condition rasulting in daath)									1		Intervel Batween Onsat and Deeth	
	uted d ansit	Examiner	disaase or condition rasulting in daath) e. MYOCARDIAN INFARCTION Dua to (or as a consaquance of): Sequentially list conditions. Dua to (or as a consaquance of):												
oʻ.	exac	Exa	Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying												
68760,	ite be iysicia ne bu	Cal	causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consaquance of):										-		
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n	death e etter	cla	Pert !! Other aignificant conditions or	ontributing to death bu	it not resulting t	n the un	derlying ce	uea aiv	an In Part I		23h Did s	the cause of death?			
7. O.	requires thet the death been signed by the etter hould be deteched for u	by Physician				sulting In the underlying ceusa givan In Part I.								bably 4 Unknown	
Vital Records,	aw 2 s b	Completed b	ADULT UNSFT	DIABETES	ME	2617	~;				24a. Was parfo	an autopsy rmad?	co	ara autopsy findings ailabla prior to mplation of ceuse daath?	
T T	The ate	Cou									1 🗆 ነ	/as 2 □+10	1[□Yas 2□ No	
/15	Physicien: The this certificate rail director, pag	Be	25. Was case rafarred to medical axaminar?						26. Placa	of Daath (C	Check only o	na)			
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DIVISION	Attending F or death. octor: After by the funer	ertification:	27. Mannar of Death 1 ☐ Hatural 5 ☐ Pending 2 ☐ Accidant invastigation		Yaar) 28b.	Tima of Injury	M 28	ic. Injur Wor 1 🗆	yat k? Yas 2 □ t		f. Dascribe h	now injury occurre	bd		
2	Hospital or Attending 24 hours efter death. Funerel Director: After stely filled in by the fune	Certifi	3 ☐ Suicida 6 ☐ Could not be datarminad	28a. Place of Inju building, atc	iry - At homa, fa . (Spacify)	ırm, stra	at, factory,	office		28f	Location (5 City or Tow	Straat and Numbern, Stata)	r or Rura	al Routa Number,	
	To the Hospital or Attending Ph within 24 hours eiter death. To the Funerel Director: After thi completely filled in by the funeral	edical (29a. Cartifier (Check only one) 1 ☐ Cartifying Phy 2 ☐ Madical Exam	vsician: To the best of inar: On the basis of end manner state	axamination an	a, daath d/or inva	occurrad at astigation, i	t tha tin	na, data and pinion, daat	d place, and th occurrad	I due to the dat that tima, d	ceusa(s) and mai data and place, a	nar as st	tatad. o tha causa(s)	
1	To the within 2 To the comple	Me	29b. Signatura and title of confier	1 2/050	/				a number	-9		29d. Data signad			
			30. Nama and adoress of parson who o		path (Item 23a)) (Typa, F	Print)) 2	· 655			K. M.	-	770	
	Sta		31. Data files (Month, Day, Year)	32. Registre	r's Signatura		pro 1	nc	r /-	RED	PRIC	K, M	- 2	0478	
	Registr	dl	NOV 0 6	1996	lin coaved	M-KI	ardalli"								

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH DAY 5 1996 LEONARD 11 BRYAN COTTON 9:15 A.M.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH e. BIRTHPLACE (State or Foreign 17 M 2 | F 215-01-7443 84 1 - 11 - 1912MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CUPPETT/WEEKS NURSING HOME OAKLAND GARRETT RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD **GARRETT** OAKLAND 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 113 BOY SCOUT ROAD 21550 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or NoIf yea, specify Cuban, Maxican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 XWidowed 4 Divorced Specify: WHITE 15. DECEDENT'S EDUCATION tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) ELECTRICAL CONTRACTOR 12 SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) (UNK) (UNK) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOHN COLHOUN 1366 CUMBERSTONE RD, HARWOOD, MD 20776 20a. METHOD OF DISPOSITION
1X Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE Donation 5 Other (Specify) GARRETT CO MEMORIAL GDNS 11/9/96 OAKLAND, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DURST FUNERAL HOME P.O. BOX 243, OAKLAND, M 23. PART I. Enter the dieeesee, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ehock, or heert failure. Liet only one ceuse on eech line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death hr

e. Acute cerebrovascular accident out to (or as a consequence or):		36 hr
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Atherosclerotic cardiovascular displayment of the consequence o	isease	yrs
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. peripheral vascular disease s/p right leg amputation (8/96)	24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES Ž∏ NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

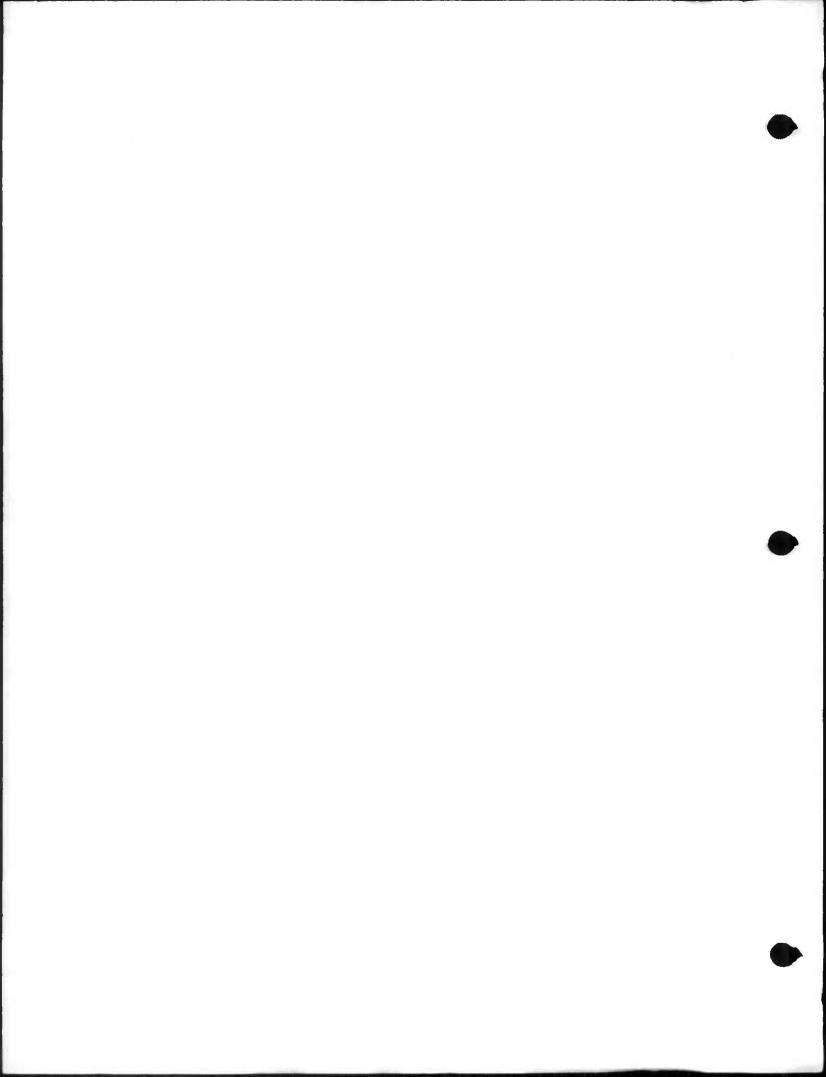
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	heck only one) e Other (Specify)		
27. MANNER OF DEATH t X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide e Could not be detarmined	26s. PLACE OF INJURY — At hor building, etc. (Specify)	ma, farm, atreet, fac	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
29a CERTIFIED				

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and man

Danill & Kunting	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Lamelle V Kernessas	D30035	11-05-96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1 1/30/03/3	11-03-90

Donald R. M.D 1533 Memorial Drive Oakland, MD 21550

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) NOV 0 6 1996



State of Maryland / Department of Health and Mental Hygiene 34005 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month LOUISE COOPER 29, M. OCT. 1996 7:35 AM /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City. Town, or Location of Daath 4c. County of Death **Examiner** ADELPHI HILLHAVEN NURSING HOME PRINCE GEORGES If Undar 1 Year If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number Birthplaca (Stata or Foraign Country)
 LLL 6 Say 7. Aga (In yrs. last birthday) **Funeral** 1□ M 27 F Months Days Yrs. 92 Director 166-42-4186 Usual Rasidanca of Dacadani the Marylend 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits 28a-f show The Medical Examiner must be notified at Director Yas 2 No PRINCE GEORGES HYATTSVILLE 10e. Streat and Number 10f. Zip Code 10g. Citizan of What Country? 9 or items 23a 2214 BEECHWOOD RD. 20783 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcaş? 1 ☐ Yas 2 ☐ No 13. Was Dacedant of Hispanic Origin? (Spacify Yas or No If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11 Marital Status filed within 72 hours after Hygiene. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Spacify: þ Specify 3 Widowad 4 □ Divorced "natural", WHITE Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry than Elamantary/Secondary (0-12) Collaga (1-4or 5+) NURSE NURSING permit. Pages 1 and 2 should be filed of Department of Health and Mental Hygic Important: If Itam 27 is marked other is any injury or other traumatic avera-17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) GEORGE MORLEY C. MAUDE EVERETT L. 19a. Informent's Neme/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Route Number, City or Town, State, Zip Code) SHEROD M. COOPER JR./SON 922 MASTLINE DR., ANNAPOLIS, MD. 21401 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatery, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 10/30 CHAMBERS CREMATORY RIVERDALE, MD. 21. Signatura of Funaral Sarvice Licany 22, Nama and Addrass of Facility W. W. CHAMBERS CO., RIVERDALE, MD. 20737 M00091 23a. Part1. Enter the disaasa, or complications that ceusad the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shook, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Daath **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical Examiner Examiner The law requires that the death certificete be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseese or Injury thet Initiated events rasulting In daath) Last Dua to (or as a consequence of): Records, P.O. Box 68760. Physician/Medical Dua to (or as a consaquance of): 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. SNO 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of death? pege 2 s 201No this certificate 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica tiely filled in by the funeral director, I Be 25. Was casa rafarred to medicel axaminar? 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding Invastigation Natural 1 ☐ Yas 2 ☐ No 2 ☐ Accidant 3 Suicida 6 Could not be determined 28a. Place of Injury - At home, ferm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 | Homicide within 24 hours 11 Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and plece, and due to the ceusa(s) and mannar as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and mennar stated. 29a. Certifier Medical completely (Check onh one) the 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Dav. Year) 30. Nama and eddrass of person who complated cause of death (Item 23a) (Type, Print) PAMELA M. MULSHINE M.D. 11251 LOCKWOOD DR., SILVER SPRING, MD. 20901 32. Ragistrar's Signatura 31. Data filed (Month, Day, Year)

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Registrar

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State of Maryland / Department of Health and Mental Hygiene

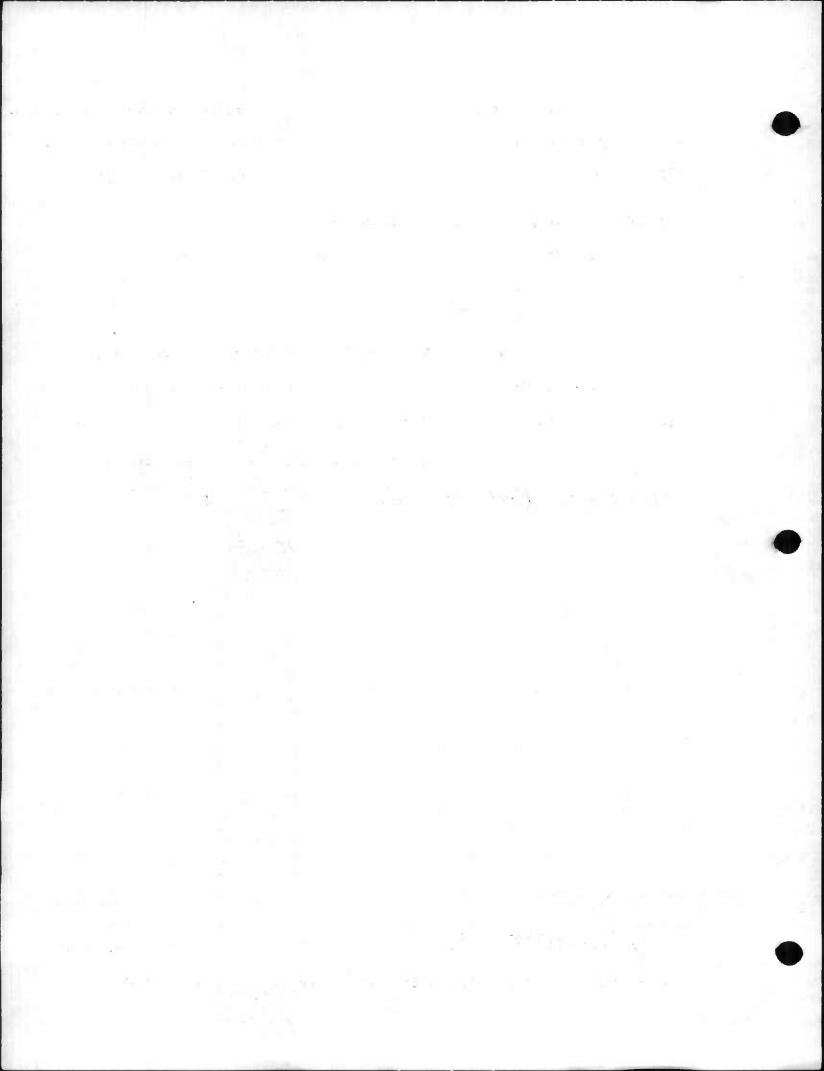
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		4223 Landgreen	Street					Roc	kvil	le.	Mo	ntgo	nery		
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ō		Usuai Residanca of Dacedant							,						
how		10a. Stata 10b. County		10c. 0	City, Town	n or Loca	ition						10d. Insida City Limits		
Se-f	cto	Maryland Montgo	mery		Rockville						1☐ Yes 2ĬNo				
er s	Oire.	10e. Straat and Number				10f. Zip Coda					10g. Citizan o	f What Co	untry?		
23a	a	4223 Landgreen	Street			20853					United States				
within 72 hours efter deeth with the Maryland liena. than "natural", or items 23a or 28a-f show the Modeal Examine, must be notified at	y Funeral Director	11. Marital Status 1 □ Navar Marriad 2 ☒ Marria	Armed Food 1 X Yas	2 □ No		If Y	as Dacedent of I res, specify Cub	oan, Maxican,	gin? (Spe , Puerto	ecify Yas or No Rican, atc.)		Raca - American Indian, Black, Whita, atc.			
ural	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or I	Datas: WW]	II		41					W	nite		
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should band Manta	2								ginia Lacy						
2 0 0 0		19a. Informant's Name/Ralationsh				19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Co. 15101 Fairlawn Avenue, Silver Spring, MD 2									
		Mitchell Carr /	Son		15	5101	Fairla	wn Ave	nue,	Silve					
Pages 1 en ment of Heal ant: If Item 2 ury or other		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 4 ☐ Donation 5 ☐ Other (Sp			Plece of Disposition (Nama of camatary, cramatory or other place) Oct.31,1996 Ontgomery Crematorium, Inc. Bethesda, Maryland										
permit. Pages Department of Important: if it any injury or once.		21. Signatura of Funaral Sarvice L	ey Fu	neral Home											
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	ē	Coronary Artery Disease, Chronic													
uted	Examiner														
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ding h. After fune	ation	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastiga	tion	of injury th, Day Year)		ima of njury	M 1□	ryat rk? ∣Yas 2 🗆 N	.	28d. Describe	how injury occ	urred			
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To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical (29a. Cartifiar (Check only one) 1 Certifying 2 Medical Ex	Physician: To the caminer: On the band man	bast of my kn asis of axamin nar stated.	owiedga, ation and	, daath oo d/or invas	ccurred at tha til	ma, data and opinion, daati	place, a	nd dua to tha ed at tha tima,	causa(s) and r data and place	nannar as a, and dua	stated. to the cause(s)		
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+1		30. Nama and addrass of parson who complated causa of daath (Itam 23a) (Type, Print) John B. Allotey, M.D., 12450 Parklawn Drive, Rockville, Maryland 20852													

Registrar

OCT 3 1 1996



State of Maryland / Department of Health and Mental Hygiene 96

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permit. Pages 1 en Department of Heal Important: If Item 2 any Injury or other	e e	4 Donation 5 Other (Specify) Sunset Memorial Gardens 21. Signature of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility Rapp Funeral Services, P. A.												21(101	u, 1.		010		
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Hosp 24 ho Fune tely fi	iodioo	2	(Check only 2	☐ Cartifying Ph ☐ Medical Exar	niner: On tha b	asis of a	examination a	e, deeth nd/or Inva	occurre	d at the tir	me, date an opinion, dea	d placa, th occur	and dua to the	causa(s) end mand place,	annar as st	ated.	sa(s)	
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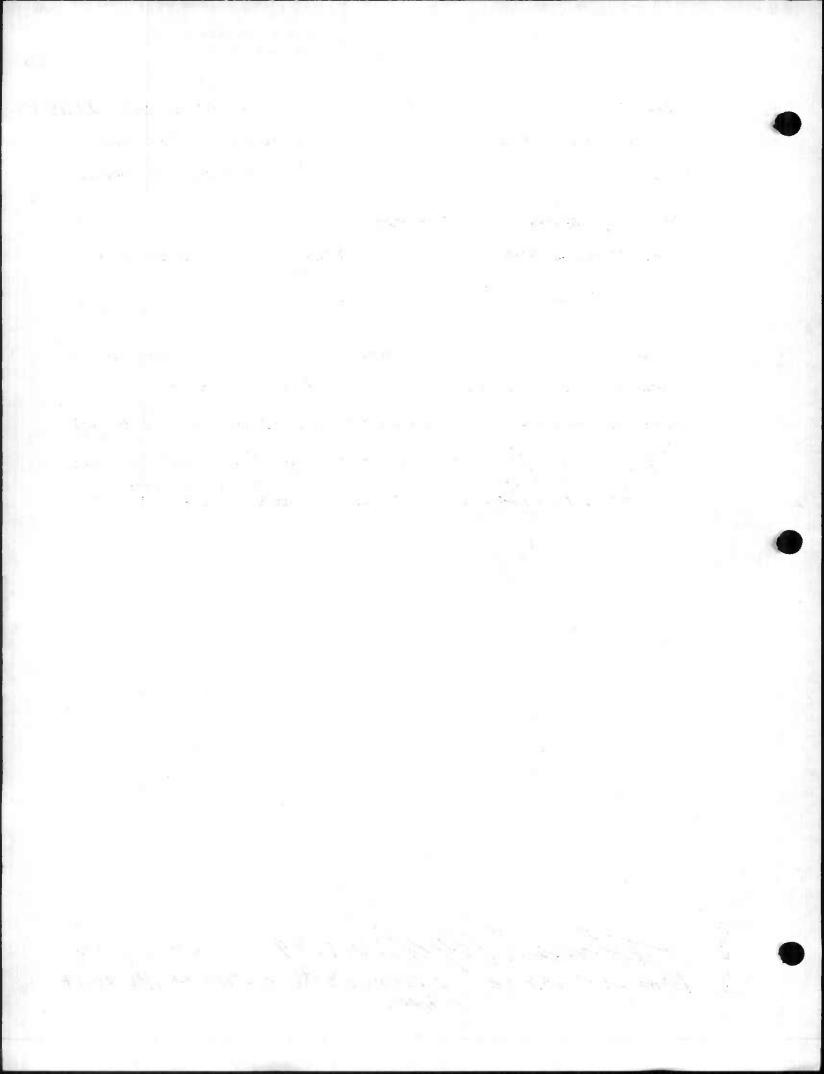
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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н	Funeral			6. S	ax □M 25分F	/. Aga	(In yrs. las	it birtnday) Yrs.	Months			Min.	8. Date of Bi	v. Yaari			a or Foreign
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	12 and		Edward A. Co	oke.	Husbar	nd		8 Rus	sell	Ave	nue.	#210	Gaithe	rsburg,	MD	20877	7
e e			20a. Method of Disposition				20b. Plac	a of Dispo	sition (Na	ame of			Data	20c. Location			
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	Physician														į	Onset en	d Death
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Division		Certification:	3 ☐ Suicida 6 ☐ Co 4 ☐ Hornicide dai	uld not ba armined	Zoa. Place	a of Injury	- At homa	a, farm, stre	et, fector	ry, offica			28f. Location (Streat and Num	ber or Rural	Routa Nu	ım <i>ber</i> ,
Ö	spital or A ours efter veral Directification by RELE/	Seri	4 I Hornidae		Dulid	ling, atc. (Spacity)						City of 10	wii, Stata)			
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in ED & RELE		29a. Cartifiar 1☐ Certi	fying Phy	sician: To tha	a best of n	ny knowle	dga, daath	occurred	et the ti	ime, date and	d place,	and due to the	causa(s) and m	anner as ste	eted.	
	• Ho • Fu	edicai	(Check only 2 Madi	cai Exam	Iner: On tha b	asis of ax	kamination	and/or inv	astigetion	n, in my	opinion, deet	th occur	red at tha tima,	data and placa,	and dua to	tha causa	(s)
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	E		30. Name the address of pen	- C		11	1/1	1						OCTOBER	28,	1996	
	with CO COM		Carelo co	WHO C	omplated caus	sa or daat	и жет 23	(Type, I	rint)	1001	Re	D	e7.12	58A //	1/2 >	10 1	Z
			31. Date filed (Month, Day, Ya	ar)	1/1/6	G/O	Signature	121	WU	1003	110	D	B146	IN I	102	00/7	
	Sta Registr			399	1 1 1 K	Laure	dson-1	fandell	-								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3 Time of Death Month **Physician** Catherine Ellen Chambers October 27, 1996 12:20 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 17401 Queen Anne Rd. Upper Marlboro Prince George's 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) if Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) March 14,1939 Birthplaca (Stata or Foreign Country) **Funeral** 1 □ M 2 🖾 F Months Days Hours 216-34-6929 Yrs. Director Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 XNo Director MD. P.G. Upper Marlboro 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 17401 Queen Anne Rd. 20774 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Marriad 2 Married 1 ☐ Yes 2 No Specify: Specify 2 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 5+ Teacher Public School 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Joseph Α. Poirier Johanna Kaffl 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 17401 Queen Anne Rd. Upper Marlboro, MD. 20774 Richard E. Chambers (Husband) 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/29 Chambers Crematory Riverdale, MD. 22. Name and Addrass of Facility W.W.Chambers Co. Inc. 21. Signature of Funeral Service Licens 5801 Cleveland Ave. Riverdale, MD. 20737 vermen Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** Immediate Cause (Final disaese or condition resulting In deeth) /Medical METASTATIC COLON CANCER STAGE D 5 YEARS **Examiner** Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): Physician/Medical that Initiated events resulting in death) Last Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 □ No 3 Probably 4 Unknown Insulin dependent diabetes mellitus, Reactive depression Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? hypothyroidism, obstructive pneumonia, CHF, exogenous obesity, hyperlipidemia Type IV 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Menner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner states. 29a, Certifier Medical (Check one) 29b. Signati nd title of certifie 29c. License number 29d. Date signed (Month, Day, Year) DO1499 October 28, 1996 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) Lewis Hilliard Dennis, M.D., P.A. 6201 Greenbelt Road #U-1 College Park, MD 20740

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Registrar

State

31. Date filed (Month, Day, Yeer) OCT 2 9 1996 32. Registrar's Signature Tulia Davidson -Randelle

DHMH 16 Rev 6/95

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Hospital or Attending

To the

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Baltimore, Maryland 21215-0020

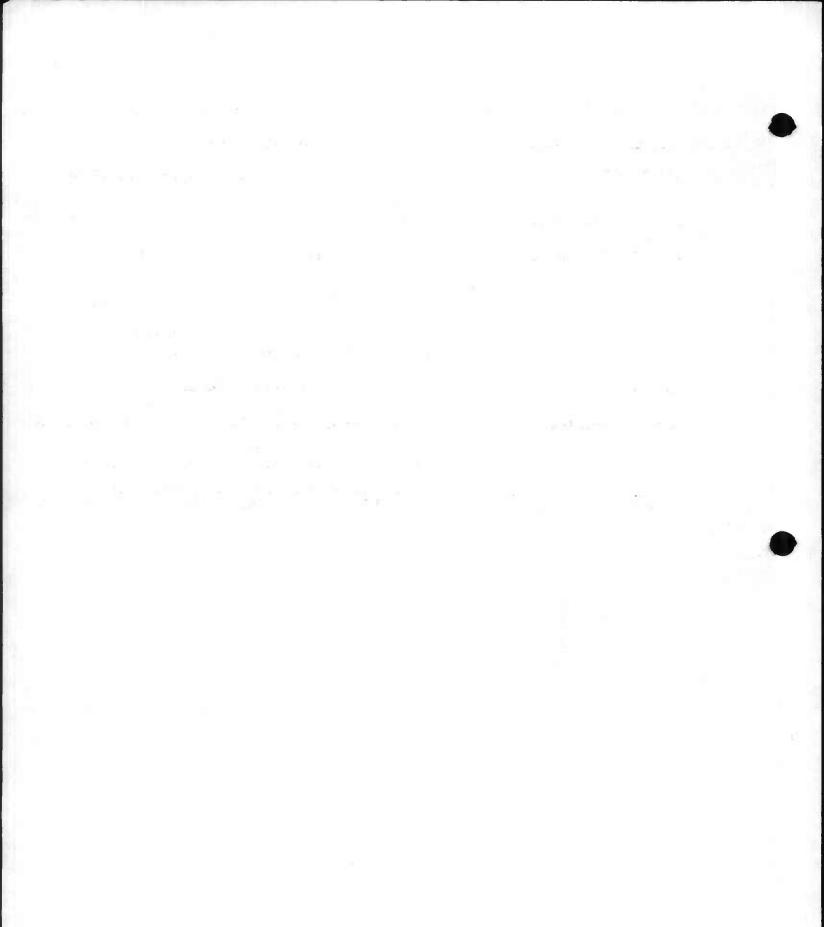
r than "natural", or Items 23a or 28a-f ahow The Medical Examiner must be notified at

Access to the design of the last offer Area De Tripo plus manufic the total e we are A LONG TO SERVE TO SE 16 it 1/12 U.S. the special control of 선거야 그런 지어에게 되지 않는 것은 보석하는 것이 되는 것이 그 사람들이 그 모네겠다고 다른 그는 ALL TOTAL CASE THAT THE THE and the self-time.

State of Maryland / Department of Health and Mental Hygiene 96 3400

						Certifica	ate of	Death		Reg. No.	0	74010	
			1. Decedent's Name (First, Middle, L.	ast)					2. Dete of I	Deeth		3. Time of Dea	th
	Physic /Medi		Gwendolyn	E. Co	ffield				Octobe	er 19, 1	996	11:45	pi
}	Exami		4e. Fecility Name (If not institution, gi	ve street end number)				4b. City, Town	, or Location of De		ty of Death		
			Holy Cross Hospit 5. Social Security Number 6.		e (In yrs. last birth	ndex) If Un	der 1 Year		Spring		gomer		
	Funeral Director			1□ M 2⊠ F		rs. Month			Min. (Month. I	30,1931	9. Biring Cour Mary		eign
	land w		10e. State 10b. County		10c. City, Town	or Location					1	10d. Inside City Lir	nits
	he Mary Sa-f ah otofied	ector	Maryland Montgon	ery	S	Silver		.ng				1⊠Yes 2□	J No
020	th with the 23a or 2	ai Dire	10e. Street end Number 2308 Michigan Ave	nue		10f.	Zip Code 2	20910		10g. Citizen of		ntry?	
	permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if hem 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinar must be notified at SING.	by Funeral Director	11. Marital Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 Hes, Give Yeer or Detes:			cedent of pecify Cut		? (Specify Yes or I ruerto Rican, etc.)	No- 14. Re Ble Speci	ack, White,		
5-0	72 hoi natura	eted	15. Decedent's E (Specify only highest gr	ducetion ade completed)	16a. I	Decedent's U	sual Occu	pation during most of	working	16b. Kind of E			
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P	Hyg Hyg		17. Fether's Name (First, Middle, Las)				1	Name (First, Midd	le, Maiden Sume	me)		
Maryland	d be ental ked c	To Be	Earl Coffield					Charl	Lotte DeL	oatch			
ary	shound M	-	19e. Informent's Name/Reletionship	Type, Print)	19b.	Mailing Addre	ess (Stree	t end Number o	or Rural Route Num	ber, Clty or Town	n. Stete. Zic	o Code)	-
2	ond 2 eith e 27 is		Charlotte Coffield	1	230	08 Micl	nigan	Avenue	, Silver	Spring,	Mary	land 209	10
Je,	s 1 e of Her othe		20a. Method of Disposition		20b. Plece of I cemetery				10/24/96	1	-		
Baltimore,	t. Pege tment c tant: If	,	1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	(y)	Md. Nat	ional	Memo	rial Pa		Laurel,	Mary	land	
	Departiment Department		21. Signature of Funeral Service Lice			Franc	is J.		s Funera			20001	
ν_	4		23a. Part1. Enter the disease, or con shock, or heert failure. List only	polications that caused	the death. Do no	500 U1	niver	sity Bl Inc. such es ca	Lvd.W. Si	Iver Spr	ing,	MD 20901 Approximete	L .
	Physician	2.7	shock, or heert failure. List only	one ceuse on each lir	10.				,			Interval Between Onset end Death	1
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	ficete be executed physician and is the buriet-transit	Examiner	Sequentielly list conditions,		Due to (or es e co	nsequenca	of):					years	
ő	e exe	ŭ	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events								i		
68760,	ete b hysic the b	lica	that initiated events resulting in death) Lest	C	Due to (or es e co	nsequenca o	f):						
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o.	the de y the	ysic	Part II. Other significant conditions of	contributing to death bu	it not resulting in t	the underlying	g cause gi	iven in Pert I.	23b. Di	23b. Did tobacco usa contributa to the cause of death?			ath?
0	es that the de igned by the e be dateched i	by Ph							1[Yss 2 100	3 Pro	bebly 4 Unkr	nown
Records,	sw requires been s	Completed t	,						24e. We	es en eutopsy formed?	ev	ere autopsy finding rellable prior to empletion of cause deeth?	
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Division	E 40 - 0	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined	e ogo Disea of Init	iry - At home, fern				28f. Location	(Street end Num own, Stete)	ber or Rura	al Route Number,	
	rs eft a Di led ir				. ()								
	To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by the	edical	29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example 1	ysician: To the best on niner: On the basis of and menner sta	examination end/	deeth occurre or investigation	ed at the ti on, in my	ime, dete end p opinion, death o	lece, end due to the occurred at the time	e ceuse(s) and m e, date and place	anner es si , and due to	tated. o the cause(s)	
	To the within 2 To the comple	Me	29b. Signature and title of certifier	1.		2	9c. Licen	se number		29d. Date sign	ed (Month,	Dey, Year)	
			· Lain	014	100		10	1975		10/0	11/5	C	
			30. Name end eddress of person who	completed cause of de	eeth (Item 23a) (T	vpe, Print)	, 7	173		7	3//4	0	
	10		Lya KAny		on: tal	74 V	F	work	into oc	w	5		
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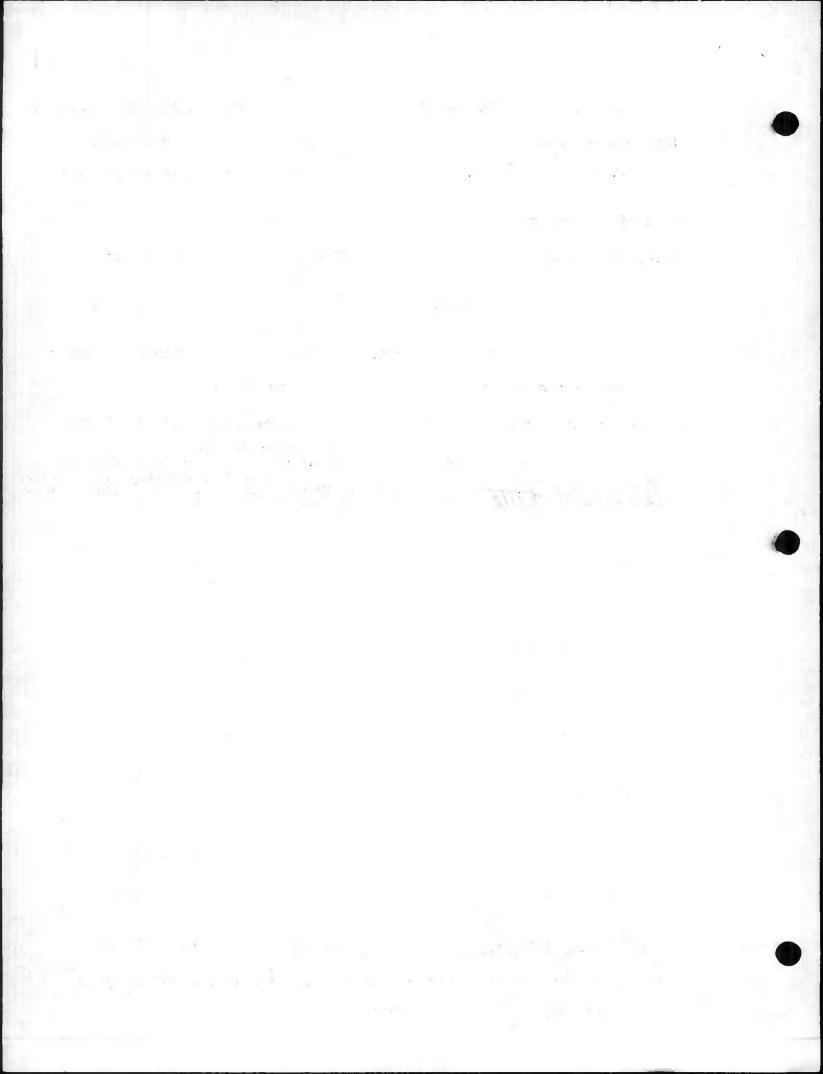


State of Maryland / Department of Health and Mental Hygiene

Amended #6, 11/4/96, MRT, Montg. Cty. Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Daath **Physician** Month Jerome Francis Crowley, Jr. 25,1996 October 0 3:45 PM /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Daath Examiner 8601 Postoak Road Potomac Montgomery 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foraign Country) **Funeral** Days Hours 18 M 200 578-34-9613 Yrs. Director Oct. 23, 1929 Washington, DC Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits notified at 1 ☐ Yes 2√ No Director Maryland Montgomery Potomac 10e, Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 6 items 23a "netural", or items 23s 8601 Postoak Road 20854 United States death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 M Yas 2 □ No 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. should be filed within 72 hours efter ind Mental Hygiene.
marked other than "netural", or ite 1 Navar Marriad 2X Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify: 3 Widowad 4 Divorced Yaar or Datas: Korea White Completed The Medical 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elemantary/Secondary (0-12) Collaga (1-4or 5+) 4 President / CEO Equipment Reseller treumatic event. 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) .. Peges 1 end 2 should be fill timent of Health and Mental Hy tant: If Item 27 is marked oth jury or other treumatic even Be Jerome Francis Crowley Lydia Farrell 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Code) Joan B. Crowley / Wife 8601 Postoak Road, Potomac, Maryland 20b. Placa of Disposition (Nama of cematary, crematory or other placa)October 28,1996 20a. Method of Disposition 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from State permit. Pege Depertment of Important: If any Injury or 4 Donation 5 Othar (Spacify) Gabriel's Cemetery Potomac, Maryland 22. Nama and Address of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557 Wisconsin Ave. 21. Elgnatura of Funaral Sarvice Licensea Bethesda-Chevy Chase, Inc., 75 Bethesda, Maryland 20814-3501 rella M00348 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Intarval Batween Onset end Daeth **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in daath) Metastatic Colon Cancer 7 Months Examiner Dua to (or as a consequence of): Examiner Cancer of the Colon 1 year requires thet the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or injury that initiated avents rasulting In daath) Last Dua to (or as a consaguance of): Box 68760. Physician/Medical the Dua to (or as a consaquance of) 98 P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2X No 3 Probably 4 Unknown signed t Hemochromatosis Records. þ page 2 should 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of death? The law certificate hes 1 Yas 2 No 1 ☐ Yas 20 No of Vital Physician: director. Be 25. Was cesa rafarrad to medice 28. Placa of Daath (Chack only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA Other: 4 Nursing Homa 5 RasIdance 6 Other (Specify) 1 Yes 2 No P his in by the funeral 27. Mannar of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After Division or Attending 1 Natural 5 Panding Invastigation Injury 1 ☐ Yas 2 ☐ No To the Hospital or Attendi within 24 hours efter deeth. To the Funeral Director: A 2 Accidant 3 ☐ Suicida 6 Could not be determined 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Numbar or Rural Route Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete end place, and dua to the ceuse(s) end mannar as stated.

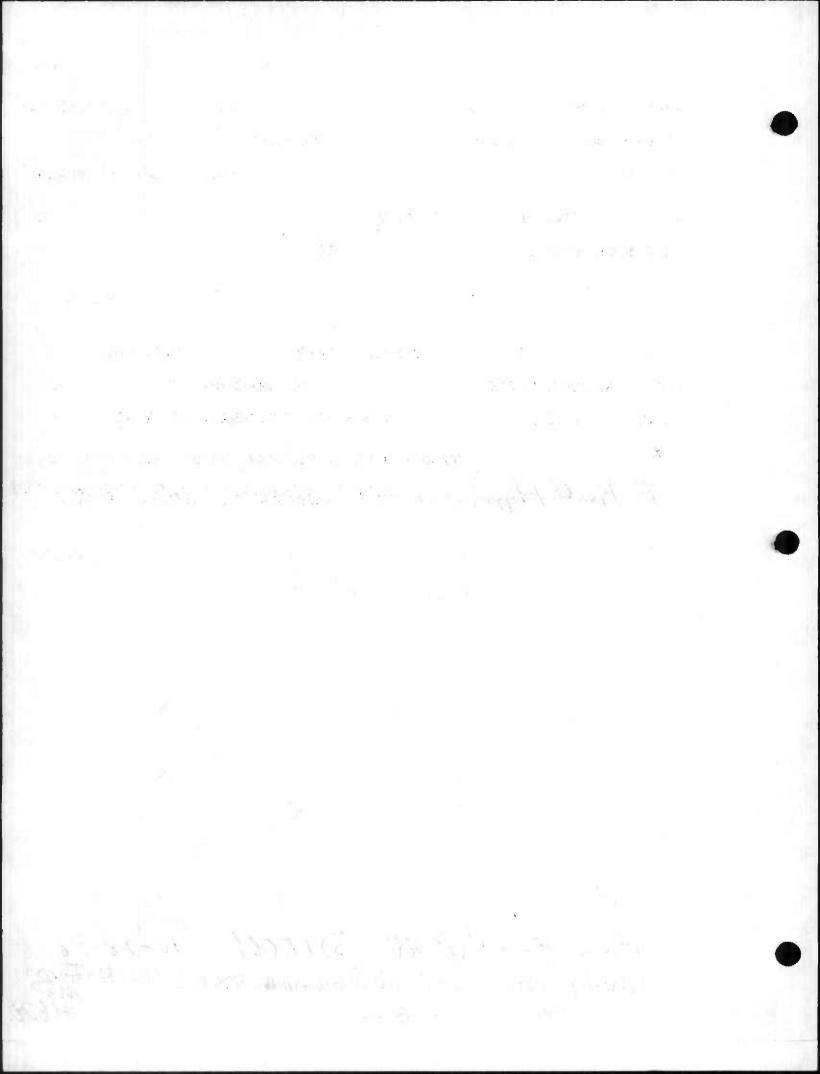
| Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) and manner, stated. 29a. Certifier Medical completely (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) oll 30. Nama and addrass of person who completed causa of death (Itam 23e) (Typa, Print) (1940) CONTRICTION AVERTINATION 20+1 H. OLL EN CICHARD ~D 31. Data filad (Month, Day, Year) 32 Registrar's Signatura State Via Davidson 3 Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96 34012

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	Physic /Medi		John HENRY Davis					October	28,	1996	12:05	a.m.	
	Exami		4e. Fecility Neme (If not institution, give street and number)				4b. City, Tow	n, or Location of Deet	h 4c. (4c. County of Deeth			
			Magnolia Hall Nursing Home					ertown		Kent			
	Funeral Director		5. Social Security Number 167–24–5050 Usuel Residence of Decedent 6. Sex 7. Age (In yr 86)	rs. lest birth Yı	Months	Year Deys	If Under 24 Hours	Min. 8. Date of Bi (Month, De August	23,		thplace (Stete or buntry) IARYLAN		
	nyland how		10e. State 10b. County 10c. (City, Town	or Location						10d. Inside City	y Limits	
	h the Maryland r 28a-f show	cto	MD TALBOT	TILO	SHMAN			1 ☐ Yes 2MÃ No					
	th with the 23a or 2 unit be no	al Director	10e. Street end Number 5489 RUDE AVENUE		10f. Zip C		671		10g. Citiz	en of Whet Co	ountry?		
20	n 72 hours efter death with the Maryland *natural", or flems 23a or 28a-f show solical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Married 1 Yes, Give	U,S.	13. Was Deceder If Yes, specify	y Cub	dispanic Original ori	n? (Specify Yes or No Puerto Rican, etc.)		4. Race - Ame Black, White Specify:			
21215-0020	hour tural	q pe	3 Widowed 4 Divorced Yeer or Detes:	160 [-	ention						
15		Completed	15. Decedent's Education (Specify only highest grade completed)	(Decedent's Usuel (Give kind of work life. DO NOT use	done	during most o	of working	16b. Kin	d of Business/	Industry		
212	d within giene. r than "	E O	Elementary/Secondary (0-12) College (1-4or 5+) 11 4	PF	ATTERN I	KER	U.	S. NAV	/Y				
	be filed a ntal Hygie of other i	BeC	17. Fether's Neme (First, Middle, Last)					s Name (First, Middle	, Maiden S	Sumeme)			
ylai	should bind Ments marked	To	EMORY MARSHALL DAVIS				HEL	ENA KRUM	BINE				
altimore, Maryland	Health end 2 sho Health end em 27 is me		19e. Informent's Name/Reletionship (Type, Print) ALICE V. DAVIS / WIFE					or Rural Route Numb ILGHMAN ,			Zip Code)		
	permit. Pages 1 and 2 should Department of Health end Men Important: If Item 27 is marke any injury or other traumatic once.		1 Surial 2 ☐ Cremetion 3 ☐ Removal from State	cemetery,	Disposition (Name cremetory or other	er ple		Date PERY 10-		cation - City or	Town, Stete)	
Balti	permit. Depertminimportal any injuingue.		21. Signeture of Funeral Service Licensee B. Keuth Physical CA	=5P	22. Name end	Addre	ss of Fecility	ENBEIN &			JNERAL 21601		
	To 15 W		23a. Pert1. Enter the diseese, or complications that caused the de-	ath. Do no						ON, MI	Approximete		
н	Physician		shock, or heart failure. List only one cause on each line.								Onset end De	een eeth	
ă	/Medical	<u>.</u>	Immediate Ceuse (Final disease or condition	-51	110						you	2	
В	Examiner		resulting in deeth) e. Due to	(or as e co	nsequence of):		1	2			P		
	ed sit	line	Ac Ac	INK.	forced)	AC	E				3,39	
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	es tha igned be de	by F	Dondras	101	1					,,,,	, ,		
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ď	sician: The law certificate has b lirector, page 2 s	E O						10	Yes X	No ·	1 □ Yes 2 □ N	No	
Ita	ysician: is certifice director,	Be C	25. Wes cese referred to medical examiner?				26. Plece o	f Death (Check only	one)				
× ×	> 000	2	Hospitel:	☐ ER/Outp	etient 3 DOA	Oth	er: 4 Nurs	ing Home 5 ☐ Resi	dence 6	Other (Spe	cify)		
n	ng Pi	on:	27. Menner of Deeth 1 Neturel 5 ☐ Pending (Month, Dey Year)	28b. Tin Inju	ne of 28c	. Injur Wor	y et k?	28d. Describe	how injury	occurred			
Sio	Attanding Physician: or death. octor: After this certification in the funeral director,	cati	2 Accident Investigation 3 Suicide 6 Could not be		М	1 🗆	Yes 2□No)					
D Z	Patte aft	Certification:	4 Homicide determined 28e. Piece of Injury - At building, etc. (Spec		n, street, factory, o	office		28f. Location (City or To		Number or Ru	iral Route Numb	er,	
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) Certifying Physician: To the best of my kn (Check only one) Medical Examiner: On the basis of examiner and menner stated.	nowledge, on netion end/s	deeth occurred et or Investigetion, In	the tin	ne, date end p plnion, deeth	place, end due to the occurred et the time,	ceuse(s) e	and menner es place, end due	stated. to the ceuse(s)		
	To the Within 2 To the comple	Me	29b. Signeture end;title of certifier		29c. L	icens	e number		29d. Dete	signed (Montl	h, Dey, Year)		
	->-0		Atom An. O Mark	2 11	0	1	1.0	011					
		-	30. Neme end eadress of person who completed course of death (ite	em 23a) (Ti	/pe. Print) —	1)	10		, , ,	10	10		
			HARRY PAUL RI	200	MD 31	61	UASHL	00 (WGTON 6	UE.	Chest	entor	2	
	Sta	_	31. Dete filed (Month, Dey, Year) 32. Registrer's Sign			V	AMON.	7.01	-1		W	10	
	Registr		OCT 9 9 1000 No. 15.	. A.	D 1 . 22						11	10 10	



State of Maryland / Department of Health and Mental Hygiene 96 34013

						(Certifica	ate of	Death	Rec	ı. No.		TP U	10
	Discortation		1. Decedent's Neme (First, Middle, Las	st)						2. Dete of Death		Vans	3. Tim	e of Death
	Physici /Medic		J. Edward		Day					October	30, 1	996	8:0	00 A.M.
5	Examir		4e. Fecility Neme (If not institution, give	e street end number)					4b. City, Town, or I	Location of Deeth	4c. County			
			Courtward by Ma	rriott _{7. Ag}	Int	erna	tiona	al	Hunt V	alley	Bal	Ltimo	re	Co.
	Funeral			ex LTOLL _{7. Ag}	Θ (In yrs.		day) r c une Month	er 1 Yeer s Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Y	(eer)	9. Birthple	ece (St∈	ete or Foreign
н	Director		119-03-0960	M 2□ F		82 Yr	S.		Tiodis iviii.	Oct 11				
	pug *		Usuet Residence of Decadent 10e. Stete 10b. County		10c Ci	Town	or Location							
	sho	5	MD Montgom	nerv			Chase	۵				10		e City Llmits Yes 2 ☐ No
	the A	Director	10e. Street end Number			- 1								
	with		5804 Brookside	Drivo				Zip Code			. Citizen of	Whet Count	ryr	
	s 1 end 2 should be filed within 72 hours efter deeth with the Maryland I Health end Mental Hygiene. If Health end Mental Hygiene. Item 27 is marked other than "natural", or liems 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	Funeral			Drive 20815 USA 2. Wes Decedent Ever In U,S. Armed Forces? If Yes, specify Cuben, Mexican, Puerto Rican, etc.) I4. Race - A Black, V						a America	n India		
_	Item Item	L.	11. Merital Status 1 ☐ Never Married 2 ★ Married	Armed Forces?		,3.	If Yes, sp	pecify Cube	en, Mexican, Puert	o Rican, etc.)		ck, White, e		1,
20	f. or	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Dates:		1 ☐ Yes 2C No Specify:					Specif	whit	- 0	
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215	Z nic Z	Completed	(Specify only highest green Elementery/Secondery (0-12)	de completed) College (1-4or 5	= . \	9	Give kind of v ife. DO NOT	vork done use retired	etion during most of wor d)	rking	Law	- 3 / - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	,	
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	e file al Hy othe vant,	Bec	17. Fether's Neme (First, Middle, Last)						18. Mother's Ner	ne (First, Middle, Me			-de-111	nCII C
	Aentz Aentz rked tic e	To	James Allmond	Day					Franc	is Wilma	t			
	2 should be filed with end Mental Hygiene. is marked other than aumatic event, the M	1	19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Co								Code)			
	Health Health Jem 27		Mary Louise Day	,		580	4 Bro	ooks	ide Dr.	Chevy C	'hase	MD	208	115
	of He		20a. Method of Disposition		20b. I	Pleca of Demetery,	isposition (N cremetory of	leme of r other plea	ce)	Dete 20	hase c. Location	City or Tow	vn, Stete	9
Ĕ	Pages nent of H int: If Ite iry or of		1 ☐ Buriel 2X☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				burg			0/31 Sm	iths	oura.	МГ)
att	permit. Pages 1 end Department of Health Important: If Item 27 any Injury or other tr once.		21. Signeture of Funerel Service Licen	1. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Hilton Funeral										
m	20 5 5 8		1,1m	2/:10			Hilt	ton]	Funeral					
			23e. Pert1. Enter the disease, or comp shock, or heert feilure. Ltst only of	plications thet caused	the dee	h. Do no	t enter the m	nesy:	111e, Ming, such es cardiec	D 20838 c or respiretory erres	t,		Approxi	mete
	Physician		snock, or neert reliure. List only o	one ceuse on eech III	ne.							i	Intervel Onset e	Between and Deeth
2	/Medical		Immediate Ceuse (Finel disease or condition	Cardia	Dul	mana.	or 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	oat				T	mme	diate
н	Examiner		disease or condition resulting in death) Cardio-Pulmonary Arrest Due to (or es e consequence of):										Trance	azacc
	الكاكية	Examiner		Respira								1	Wee	ek
	death certificate be executed e ettending physician end sd for use es the buriel-transit		Sequentietly list condittons.	b. ————			nsequenca of							
ó,	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									i		
68760,	hysic the b	Medical	thet initieted events resulting in deeth) Last	c	Due to (c	r es e cor	nsequenca of	n):				+		
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Вох	eath cer ettendir I for use	Physiclan/		d										
	e dec	sic	Pert il. Other significant conditions co	ontributing to deeth b	ut not res	utting in ti	ne underlylng	cause giv	en in Pert f.	23b. Did tob	ecco use co	ntribute to	the cau	se of death?
P.0	d by detacl	Phy								1 □ Yss	2√ No	3 Prob	ably 4	4 ☐ Unknown
	lew requires that the de es been signed by the e s 2 should be detached	by												
of Vital Records,	v require been si should	Completed								24e. Wes en performe	eutopsy ed?	eval	lleble pr	
ec	hes be	ple										of d	eeth?	of cause
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/ita	certificate rector, pay	Be (25. Wes case referred to medical exeminer?						26. Plece of Dee	ath (Check only one)				
<u>></u>	Sign J	To	1 Yes 2 No	Hospitel: 1 ☐ Inpatie	nt 2	ER/Outp	etient 3 🗆 🛭	DOA Oth	er: 4 🗆 Nurstng H	iome 5 Residen	e 6 0th	er (Specify)	HO	TEL
	ng Ph fter th meral	:uo	27. Menner of Death 1 Neturei 5 ☐ Pending	28e. Dete of Injui	ry y Year)	28b. Tin İnju		28c. Injur	y et k?	28d. Describe how	tnjury occur	red		
Sio	Attending or death. ector: After by the fune	atle	2 Accident Investigation				М		Yes 2 □ No					
Division	al or Attending PI s efter death. Il Director: After the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju- building, etc	ury - At h	ome, farm	, street, fecto	ory, office		28f. Location (Stre City or Town,	et end Numb Stete)	er or Rural	Route N	Vum <i>ber</i> ,
	ital o													
	Hospital 24 hours Funeral stely filled	edical	(Check only 2 Medical Exam	ysician: To the best of niner: On the besis of	examine	wledge, d	leeth occurre or Investigetio	d et the tin	ne, dete end ptece pinton, deeth occu	, end due to the ceu	se(s) end me	enner as ste	ited. the ceur	se(s)
	To the Hospital or Att within 24 hours effer d To the Funeral Direct completely filled in by	Med	oney	end menner ste	eted.									
	8 4 \$ 4	· ·	29b. Signeture end title of certifier	a 4		D	2	9c. Licens			. Date signe			
			Urcher	れ、し	w	Ken	m	DA	4742	C	ctobe	30,	199	р
			30. Neme end eddress of person who co	ompleted cause of de	eeth (Iter	n 23e) (Ty	pe, Print)							
			Andrew N. Umhau,				xico A	venue	e N.W. Wa	shington,	D.C.	20016	5	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Begistre	er's Signa	ture.		-						

mai en en e

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Dete of Death Month 96 164 226014 10 2 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Montomer Haspit If Under 24 Hrs. 0055 Security Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Deys Months Hours 1□M 2₩F Yrs 213-42-6241 8.7 May 30, 1909 Washington, D.C. Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Coda 10g, Citizan of What Country? 14400 Homecrest Road Apt.230 20906 U.S.A. 12. Wes Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 1 Naver Married 2 Married 1 Yes 2 No Specify. Specify: 3 Nidowed 4 Divorced U.S.A. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collaga (1-4or 5+) 12 Insurance Owner Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Ira S. Barker Elizabeth Channel 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) Nancy R. Nullmeyer 19221 Mt. Airey Road Brookeville, Maryland 20833 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Date 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Othar (Specify) 10/28/96 Suitland, Maryland Cedar Hill Cemetery 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 21. Signature of Furfaral Service Licensee 500 University Blvd., W. Sil.Spr., Maryland 20901 nock, or haert failure. fications thet caused the death. Do not enter the moda of dying, such as cardiac or respiretory errest, no cause on each line. Approximate Intervel Betwaen Onset end Deeth Immediete Ceuse (Finel diseesa or condition resulting in death) Sequentielly list conditions, if eny, laeding to immediate cause. Enter Undarlying Ceusa (Diseese or Injury that initiated events rasulting in daath) Lest 70 Sc/9 Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 X Unknown 24b. Wara autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en autopsy performed? 1□ Yes 2 No 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospitel: 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 →

Physician /Medical Examiner The law requires that the death certificate be executed ettending physician and for use as the bunel-tren

Box 68760,

P.O.

Records,

of Vital

Division

or Attending Physician:

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or itams 23a or 28a-f show the Medical Examiner must be notified at

'natural',

Hygiene.

permit. Pages 1 and 2 should be filled with Department of Health and Mental hygient important: if flem 27 is marked other trains any injury or other traument

Director

by

Completed

Be

Marylend

the

filed within 72 hours efter

Baltimore, Maryland 21215-0020

Physiclan/Medical Examiner 88 signed by 1 2 Completed page 2 s Be filled in by the funerel

Medical Certification: To

certificate

After this

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur 15

BEL 31. Date filed (Month, Day, Year) State OCT 2 8 1996 Registrar

5 Pending investigation

27. Menner of Deeth

1 Naturel 2 Accident

3 Sulcide

29a, Cartifian

4 D Homicide

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specific 28f. Location (Street end Number or Rural Route Number, City or Town, State) Certifying Physician: To the best of my knowledge, daath occurred et the time, data and piece, end dua to tha ceuse(s) end mannar as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, data end placa, end dua to the cause(s) end menner steted. 29b. Signature and title of 29c, License number 29d. Date signed (Month, Dey, Year)

1 Yes 2 No

28c. Injury et Work?

28d. Describe how injury occurred

30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print)

32. Registrer's Signature

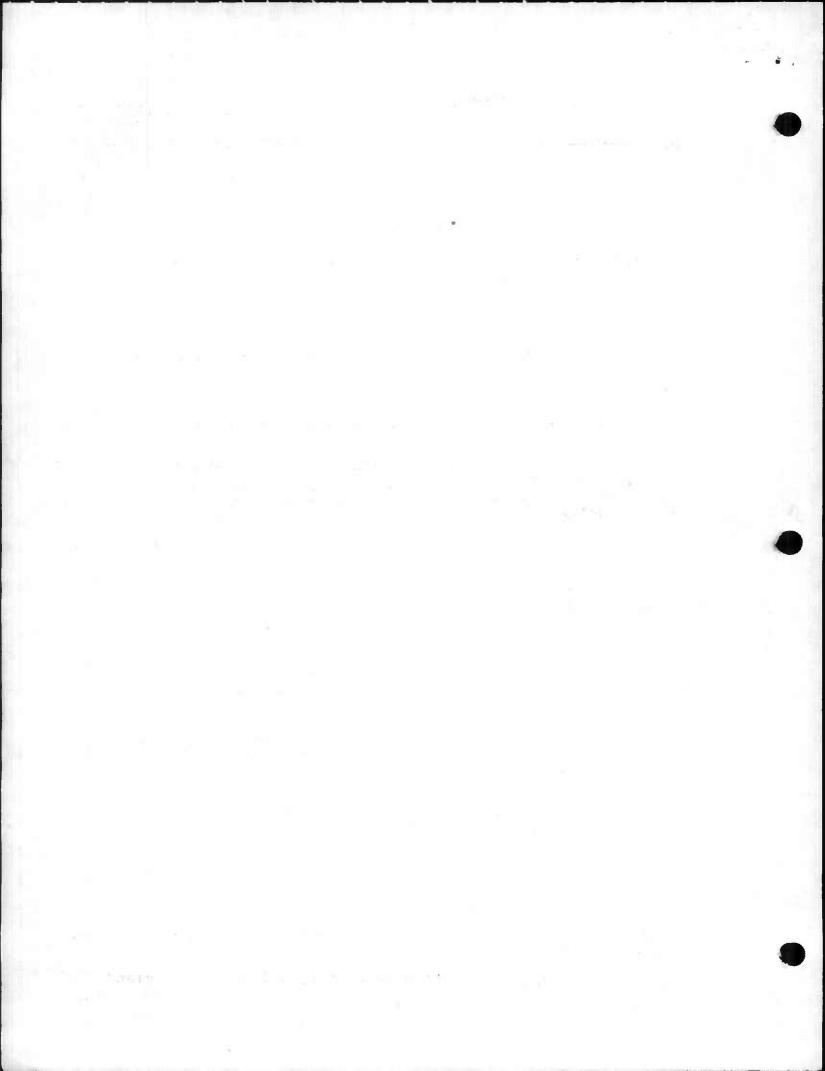
28b. Time of

28e. Dete of Injury

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	B.K.S		1100001	State of Marylar					iono	
AN	1 Items	: 4 <i>a</i>	a, 23a, 27,28 a,b,c,	d,e,fPER MEC	Cer	tificate of			eg. No.	34015
г	Physic		Decedant's Nama (First, Middle, Lest)	_				2. Deta of Dear	th Day Yaar	3. Tima of Death
	/Medi		NORA L.	DAVENPORT				OCT.	22, 1996	1800 PM
	Exami	ner	4a. Facility Nama (If not institution, giva st	reet and numbar)			4b. City, Town, or L	ocation of Death	4c. County of Dea	ath
L		Ш	4613 AMHURST RO	AD			COLLEGE			GEORGES
	, Funeral	п	5. Social Security Number 6. Sax	7. Aga (In yrs.		If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day)	Year) 9. Bi	rthplaca (Stata or Foraign ountry)
	Director		220-66-5177 Usual Rasidence of Dacadant	4	3 Yrs.			Oct. 5,		ryland
	dand w		10a. Stata 10b. County	10c. Ci	ty, Town or Lo	cation				10d. Insida City Limits
	Mary	ţ	Maryland Prince Geo	**************************************	college	Dawle				1X Yas 2 No
	r 28s	Directo	10e. Street and Number	ige s	orrege	10f. Zip Coda		1	0g. Citizan of What C	ountry?
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	be filed within 72 hours efter death with the Maryland la! Hyglene. d other than "neture!, or items 23a or 28a-f show event, the Medical Exemine must be notified at	S	17. Fathar's Nama (First, Middla, Last)	4	reacne:	r/Perior	mer/Music	1an E	ducation	
Maryland	od al	o Be	Thomas E. Davenpor	+						
37		T _o	19a. Informent's Name/Reletionship (Type		19b Meilin	n Addrass (Stree		L. Boehl	ein City or Town, Stete,	Zin Code)
	CI 0 0 0		Ronald J. Barnett	, ,						
altimore,	ーエミモ		20a. Mathod of Disposition		Placa of Dispos	sition (Nama of			k, Marylar	
E	Pages nent of I int: if Ite		1 ☐ Burial 2 ☑ Cramation 3 ☐ Rar 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata		atory or other pla	1	2/26/26		
	P. Party P.	0.0	21. Signature of Funeral Service Licensee	Met		an Crema	atory (3/26/96	Alexandria	,Virginia
ñ	Ped page		11410		Fra	ancis J.	Collins	Funeral	Home, Inc.	200
		_	23a Part 1. Enter the disease, or complications, or heart failure. Les only ona	tions that causad the deat	500 h. Do not anta	Univer	sity Blvd	., W. Sil	.Spr., Mary	land 20901
	Physician	(shock, or heart failure. Het only ona	ceuse on aach line.		f		or respiratory entre	,	Intarval Between Onsat and Death
2	/Medicai		Immediata Causa (Final disaasa or condition		CADDO	I MONOUT	DE POTGON	TNO		
	Examiner		rasulting in death) a	Dua to (c	or as a consequ		DE POISON	TING		
	git ad	Examiner	a b							
	ste be executed sysician end he buriel-transit	xan	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying	Dua to (o	or as a consequ	uanca of):				
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X Q Q	v requires that the death certifice been signed by the attending ph should be deteched for use es th	Physician/M	d							
מ	death e atter	icla	Part II. Other significant conditions contri	outing to death but not rec	ulting In the up	doduina aquaa ai	uen in Dest I	20h Didae		
5	t the by th	hys	The state of the s	odding to death but not ras	unterig in the un	dariyirig cadsa gi	van in Faiti.	1 □ Ye		to the cause of death? robably 4 ☐ Unknown
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ecords	requires een sign hould be	pe l						24a. Was er	eutopsy 24b.	Wara autopsy findings avallable prior to
	law ries be	Completed						pononi		complation of causa of death?
	The ete h page	Cou						1 9 Ya	s 2 No	1⊕Yas 2□ No
N I G	ysician; The law is certificete hes t director, page 2 s	Be	25. Wes casa referred to medical exeminer?				26. Placa of Daat	h (Check only on	9)	
5	2 0	2	AM ias Z III	pital: 1 ☐ Inpatiant 2 ☐		3D DOA			nca 6 □Other (Spe	city)
SIOIS	Ing F	Certification:	27. Mannar of Death 1 □ Natural 5 □ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju Wo		28d. Describe ho		N MONOXIDE FROM
מ	death death ttor:	Icat	3 ☐ Sulcida 6 ☐ Could not ba		Found 5:	DUHY	Yes 2XINo		TY POITER ast and Number or R	
2	or Attending I efter death. Director: After i in by the funer	erti	4 ☐ Homicida datarmined	28a. Placa of Injury - At he building, atc. (Specify	ma, tarm, stra /)	at, factory, office		City or Town		MERST ROAD
	pours serei		29a. Cartifier 1□ Certifying Phyalci	an: To the best of my know	HME	negurrad at the ti-	me data and slass	COLLEGE PA	DIVINATIVE AND	
	Fur Fur	edical	(Check only Medical Examinar	On the basis of examinat	tion and/or Inve	estigation, In my	opinion, deeth occur	red at tha time, da	te end place, and due	to the cause(s)
	To the Hospital or Attending Ph within Z Hours elfar death. To the Funerel Director. After th completely filled in by the funerel	Me	29b. Signature and Ittla of cartifiar			29c. Licans			d. Data signad (Mont	
			Derrani 10	wet no		0.	C.M.E		OCT. 23,	1996
1	1		30. Nema and eddress of person who comp	lated cause of death (Itam	23e) (Type, P	rint)				
	1>		Dennis J. Chut	ems 1	11 Per	nn Stre	et, Bal	timore,	Marylan	d 21201
	Stat		31. Data filed (Month, Day, Year)	32. Registrar's Signa	tura 况 🍱	00		MT I		-1 4-1
	Registra	ar	OCT 3 1 1996	Juna vanids	on-Marias	NG				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth Month Dey Yeer 94 10:27 10

Physician	
/Medical	
Examiner	

1. Decedent's Neme (First, Middle, Last)

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland

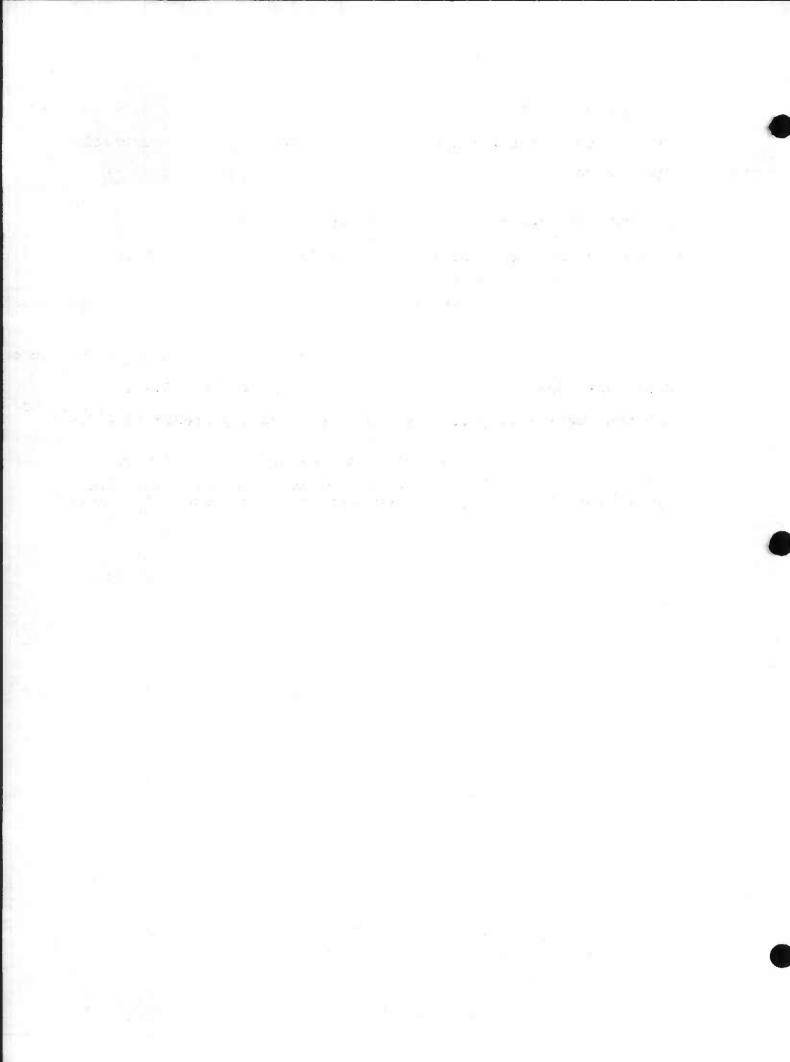
Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

niner	4a. Fecility Neme (If not Institution, give street end number)	4b. City, Town, or Location of De	eeth 4c. County of I	Death							
	Dorchester General Hospital	Cambridge	Doro	chester							
al or	5. Social Security Number 410-09-8176 Usuel Residence of Decedent 6. Sex 7. Age (In yrs. last birthdey) 1										
To Be Completed by Funeral Director	10e. Stete 10b. County 10c. City, Town or Location 10d. Inside Cit										
ģ	Maryland Dorchester Cambridge										
je je	10e. Street end Number 10f. Z	p Code	10g. Citizen of Whe	et Country?							
20	Bradford House, 701 Race St.	21613	U.S	.A.							
Funeral Director	11, Meritel Status 12. Wes Decedent Ever In U,S. 13. Was Dec Agned Forces? 13. Was Dec	edent of Hispenic Origin? (Specify Yes or acify Cuben, Mexican, Puerto Rican, etc.)	n? (Specify Yes or No- Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc.								
ρ	1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: WW II 1 ☐ Yes	2₺ No Specify:	Specify:	White							
Completed	15. Decedent's Education 16a. Decedent's Us (Specify only highest grade completed) (Give kind of wind production)	uei Occupation ork done during most of working use retired)	16b. Kind of Busin	ness/Industry							
E C	Content by Cocondary (C-12)		Dainti	ng Contracto							
	7 17. Fether's Neme (First, Middle, Last)	18. Mother's Neme (First, Mid		ng contracto							
To Be	John Mack Eads Ginnie Etta Shell										
-	19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City of the Field of the Number of Rural Route Number, City of the Field of the Number of Rural Route Number of Rural Route Number, City of the Number of Rural Route										
	Chee Chee Benway-Daughter Apt. 34	, 8081 Budding E	Branch Rd	., 21061							
	20a. Method of Disposition 20b. Pleca of Disposition (No cemetery, cremetory or	ome of Oete Oete	20c. Location - Cit	y or Town, Stete							
	1 123 Burial 2 U Cremetion 3 L Removel from State	s Cemetery 10-25	Hurlo	ck, MD.							
	21. Signature of Funeral Service Licensee 22. Name of Clumpa	nd Address of Fecility	al Home.	DΛ							
	23a and 1. Ester the disease, or complications that caused the death. Do not enter the mothock, or heart failure. List only one cause on each line.	de of dying, such es cardiec or respiretor	y erresi,	Approximete Interval Between Onset end Deeth							
	Immediate Cause (Fine) disease or condition resulting in deeth) e. Cauch Arthur Arthur Due to (or es e consequence of	thuia_		90 min							
Examiner	Myscardial Infantion I week										
cal Ex	Cause (Disease or Injury thet Initiated events resulting in deeth) Lest Cause (Disease or Injury the Initiated events resulting in deeth) Lest										
n/Med											
sicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying	cause given in Pert f. 23b. D	id tobacco use contri	bute to the cause of death?							
by Physician/M											
Completed t	Renal insufficiency		/es en autopsy enformed?	24b. Were autopsy findings aveileble prior to completion of cause of death?							
Eo	/	1	PYes 2□No	1 □ Yes 22No							
BeC	25. Wes case referred to medical	26. Piece of Deeth (Check on	ly one)								
일	examiner? 1 🖫 Yes 2 🗆 No Hospitel: 1 🖼 Inpatient 2 🗆 ER/Outpetient 3 🗆 D	Other:		(Specify)							
	27. Menner of Deeth 1 ⊠Natural 5 □ Pending 28a. Dete of fnjury (Month, Dey Year) 28b. Time of Injury		be how injury occurred								
atic	2 ☐ Accident investigetion M	1 ☐ Yes 2 ☐ No									
Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, factor building, etc. (Specify)	ry, office 28f. Locatio City or	n (Street end Number o Town, Stete)	or Rural Route Number,							
edical	29a. Certifier (Check only one) 1™ Certifying Phyaician: To the best of my knowledge, deeth occurred 2 Medical Examiner: On the basis of examination end/or investigation end manner stated.	et the time, dete end plece, end due to to n, in my opinion, deeth occurred et the tin	he cause(s) end menne ne, date end plece, end	er as steted. I due to the cause(s)							
W	29b. Signature end title of peruller August 29b. August 29b. Signature end title of peruller 29b. August 20b. Aug	D 508 04	29d. Dete signed (A	Month, Dey, Year)							
	30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Mark Malkys, MD 408 By	n St. Cambril	lae, mD	/							
ite ar	Mark Malkus, MD 408 By. 31. Dete filed (Month, Dey, Year) OCT 2 9 1996 Autology Randall) /								

OCT 2 9 1996



State of Maryland / Department of Health and Mental Hygiene

96

						Cer	tificate d	of Death		Reg. No.		0 7	011
			1. Decedent's Neme (First, Middle, Last	"					2. Dete of De	ath	1222	3. Tin	ne of Deeth
	Physic /Medi		HELEN ELIZABETH				EYLER		Octobe	Dey r 24, 19	Yeer 996	9:	35 P.M.
1	Exami		4e. Facility Neme (If not Institution, give				DIDDIC	4b. City, Town,	or Location of Deeti				
			Citizens Nurs	sing Home		Frederick Freder						ck	
	Funeral		Social Security Number 6. Se		e (In yrs. la:	st birthday)	If Under 1 Y	eer If Under 24 I	Irs. 8. Date of Bir				tete or Foreign
	Director		219-44-4017 Usuel Residence of Decedent	□M 2MF	83	Yrs.	Months De	eys Hours N	Aug.	20,1913		ryla	
	yland		10a. State 10b. County		10c. City,	Town or Loc	cation				1	IOd. Insk	de City Limits
	Mar	to	Maryland Freder:	ick	Th	nurmon	t					1)0	Yes 2□No
	h the	Director	10e. Street end Number			rar mon	10f. Zip Cod	ie		10g. Citizen of	Whet Cour	ntry?	
	h wit	0	408 N. Church	St.			21	788		United	Stat	tes	
21215-0020	s i end 2 should be filed within 72 hours after deeth with the Maryland if Health end Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Experient must be notified at	by Funerai	11. Merital Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Tes, Give Year or Detes:			Ves Decedent Yes, specify ((Specify Yes or No lerto Ricen, etc.)	14. Red Ble	ca - Americ ck, White,	etc.	n,
	fura	8	15. Decedent's Edu			16a Deced	ent's Usuel Oc	cupation		16b. Kind of B	Whit		
15	In 72	Completed	(Specify only highest grad	e completed)		(Give I	kind of work do	one during most of	working	TOU. KING OF B	USITIESS/TH	dustry	
212	with energy and the second	E	Elementery/Secondery (0-12) 6th	College (1-4or 5	5+)		emaker	,		own	home	e	
	Hyg Hyg		17. Fether's Neme (First, Middle, Last)					18. Mother's I	Neme (First, Middle,		_		
an	2 should be filed with end Mental Hygiene. Is marked other than aumetic event, the M	o Be	BYRON	Ε.	FREE	7		ELSI	E J.	DU	HODES		
Maryland	M M M	To	19e. Informent's Neme/Reletionship (T)		FREI		a Address (St		Rurel Route Numb			Code)	
	d2 s th er 7 le			Daughter	r				Thurmont,			217	00
ø,	1 end Health am 27 other tr		20e. Method of Disposition	Daugneen			sition (Neme o		Dete	20c. Location			-
Baltimore,	pemit. Pagas 1 end Department of Health Important: If Itam 27 any Injury or other tr once.		1 ■ Buriel 2 □ Cremetion 3 □ F 4 □ Donetion 5 □ Other (Specify)				M. Ceme		10-28-96				
39	Departimon Important In Biny In		21. Signeture of Funerel Servica Licens	99		22.	Name end Ad	dress of Fecility	Stauffer	Funeral	. Home	2	
ш	⊕ D ≥ € O		Raymones	Peles	ZM) 1	04 E. 1	Main St./	Thurmont	, Maryl	and	217	88
			23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or reent feilure. List only one cause on each line. Approximation of the cause of the cau										
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	. Cer	chel	(w	alu	dine	M		1	Onset of	end Deeth
		Due to (or es e consequence of):										-	
	nsit	Examiner		D			3						
	mecu al-tra	Xai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or e	s e consequ	uence of):				į		
68760,	requires that the death certificate be axecuted been signed by the attending physician end thould be detached for use as the burial-transit		cause. Enter Underlying Cause (Diseese or injury that initieted events	c							<u> </u>		
387	phys phys s the	Medical	resulting in death) Lest		Due to (or e	(or es e consequence of):							
×	n certifi anding use es			d							1		
Bo	attendi	clar											
o.	thet the dead by the detached	Physician/	Pert II. Other significant conditions cor	ut not result	ing In the un	derlying cause	given In Pert I.	23b. Did	tobacco use co	intribute to	o the car	use of death?	
<u>α</u>	thet the ed by detac		Parking sur!						1 🗆	Yes 2 No	3 Prol	bably	4 Unknow
ds	signed of be de	d by							Ode Wee		24b W	ere euto	psy findings
Records,	¥ 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Completed							perfo	an eutopsy ormed?	eve	eileble p	rior to
	F ete	Con							10	Yes 2 No	1 (Yes	2 □ No
Vital	iclan: The	Be	25. Wes case referred to medical examiner?					26. Plece of I	Deeth (Check only o	one)			
of	0 0	ဥ	1 Yes 2 Ne	lospitel: 1 ☐ Inpatie	nt 2 E	R/Outpatient	3□ DOA	Other: 4 Aursin	g Home 5 🗆 Resi	dence 6 □Oth	ner (Specif	(y)	
ion o	D e e	ation:	27. Menner of Deeth 1. ■ Naturel 5 □ Pending 2 □ Accident investigation	28a. Dete of Inju (Month, De	ry Year) 2	8b. Time of Injury		njury et Work? 1 □ Yes 2 □ No	28d. Describe	how injury occur	rred		
Division	al or Attandir s after deeth. Il Diractor: Af ed in by the fu	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of Injubulding, etc.	ury - At hom c. (Specify)	e, ferm, stre	et, fectory, off	ice	28f. Location (City or To	Street end Numi wn, Stete)	ber or Rura	al Route	Number,
	To the Hospital or / within 24 hours after To the Funeral Diracompletely filled in b	edical	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of ner: On the besis of end menner sta	examinetlo	edge, death n end/or inv	occurred et th estigetion, in n	e time, date and plony opinion, deeth o	ece, end due to the courred et the time,	cause(s) end m dete and pleca,	enner es si end due to	teted.	ıse(s)
	To th To th	¥.	29b. Signature and title-of sertifier	1 1			29c. Lic	ense number		29d. Dete signe	ed (Month,	Day, Ye	ar)
	->-0		1 81 10	din			1	1221.1		10:1.	76	,	
			30. Name and address of person who co	moleted assistant	noth /ttem o	2a) /Tunn 5	Print) /	120101		1011	1/7/		
			/ / s / Derson who co	mpleted cause of d	Julian 2	Se) (Type, I	tem!	(1.1	fr.	10/2	10	9	
	Sta	te	31. Date filed (Moeth, Day, Year)	32. Registre	er's Signatur	e Par	2.124	- COM	140	en	V.	21	

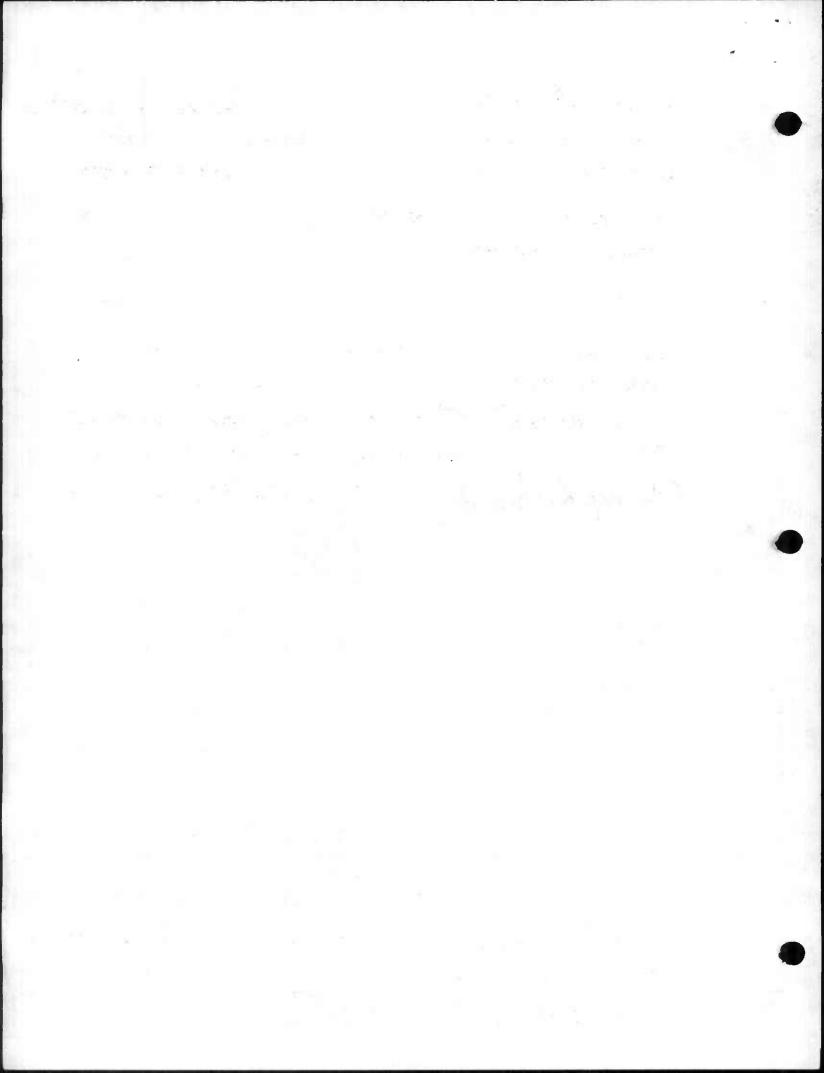
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State of Maryland / Department of Health and Mental Hygiene

34018

Amende	# 6	8, 10/30/96, MRT,		· Certific	ate of	Death		Reg. No.	20 0401		
Phys /Me	ician dical	1. Decedent's Name (First, Middle, 5	ESTEP				2. Dete of I	Death Day	Yeer 5 35A		
Exam		4a. Fecility Neme (If not institution, given LORIEN NURSI	NG CENTER			Colu	or Location of De mbia	ath 4c. Count	y of Death Oward		
Funer Directo		5. Social Security Number 6. S 213-30-2474 Usuel Residence of Decedent	ex	Yrs. If Un Mont	der 1 Yea hs Days		in. 8. Date of I (Month, I NOV	Birth Year) 33	9. Birthplace (State or Fore Country) Maryland		
laryland show		10a. State 10b. County	10c. City	y, Town or Location				1932	10d. inside City Limi		
r 28a-f shov	to	Md Howard		Columbi	a				1 2 0 Yes 2□ N		
or 284	Director	10e. Street end Number		10f.	Zip Code			10g. Citizen of	What Country?		
deeth with the Maryland ms 23s or 28s-f show r mant to notified at		11002 Bush	Wood Drive,		2104	4		U.	S.A.		
5 2 2	by Funeral	11. Merital Status † Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	If Yes, s	cedent of pecify Cu		(Specify Yes or I erto Rican, etc.)	No- 14. Ra Ble Specia	ce - American Indian, ck, White, etc. ^{fy:} Black		
72 hours	Completed	15. Decadent's Ed	ucation	16e. Decedent's U	suel Occu	pation		16b. Kind of E	usiness/industry		
	nple	(Specify only highest gre Elementary/Secondary (0-12)	College (1-4or 5+)			during most of v	vorking				
offied within	S	llth Grade		Disab	led			Non	е		
d off	a	17. Fether's Name (First, Middle, Last)				18. Mother's N	lame (First, Midd	le, Meiden Sumei	me)		
Men Men arks	2		illiams					el Estep			
permit. Pages 1 and 2 should be file. Department of Health and Mental Hyg Important: If flem 27 is marked other any injury or other traumatic event,		19a. Informent's Name/Relationship (Type, Print) (Mother) Mrs Ethel Williams (Mother) 19b. Meiling Address (Street end Number or Rure 304 Winters Lane,									
of He		20a. Method of Disposition 100 Burlei 2 Cremation 3		lace of Disposition (i	Veme of or other pla	3Ce)	Date	20c. Location	- City or Town, State		
Pag ment ant: I		4 Donetion 5 Other (Specify	HO]	okins Ch	urch	Cem.	11/2	Highla	nd, Md		
permit. Pages 1 a Department of Hea Important: If item any injury or othe	dike	21. Signature of Funeral Service Licen	see A	Sno	wder	ess of Fecility Funer Washin	al Home	P.A.	20850 ville, Md		
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	cations thet caused the death						Approximate		
Physiclar /Medica Examine		Immediate Ceuse (Final disease or condition resulting in deeth)	. A CUTE	REMAL es a consequence	FF	HILUR	E		Fow West		
ted nsit	in in		b. METASTA	as e consequence		NOMA	of Pi	ROSTAT	E Deary		
eath certificate be executed attending physician and for use as the buniel-transit	cal Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events									
certificate nding phy use as the	n/Medical	resulting in death) Lest									
death c	Cla	Part II Other elgnificent conditions on	atributing to double but not you	No or in the constant in		one to Book I	not DI	44.4			
es that the death igned by the atterbe deteched for it	by Physician							23b. Did tobacco use contribute to the cause of dea 1 Yes 2 No 3 Probably 4 Unkn			
aw requir	Completed	,		П				s en eutopsy formed?	24b. Were autopsy findings aveileble prior to completion of cause of death?		
The I	Co						1 🗆	Yes 20 No	1 ☐ Yes 2 ₺ No		
Physician: The this certificete rai director, pag	Be	25. Was case referred to medicel examiner?				26. Plece of D	eeth (Check only	one)			
Physic this c	2	1 162 5 M 140	Hospital: 1 ☐ Inpatient 2 ☐ E	R/Outpatient 3□	DOA Ot	her: 4 Nursing	Home 5□Re	sidence 6 Oth	ner (Specify)		
Attending P or death. ector: After the by the funera	ation:	27. Menner of Deeth 1	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo	ry et rk? Yes 2/2 No	28d. Describe	how Injury occur	red		
To the Hospital or Attendin within 24 hours effer death. To the Funeral Director: Aff completely filled in by the fur	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injury - At hor building, etc. (Specify,	me, farm, street, fact	ory, offica			(Street and Numbown, Stete)	per or Rurel Route Number,		
he Hospi in 24 hou he Funer pletely fil	edical	29a. Certifier (Check only one) Certifying Phy 2 Medical Exami	sician: To the best of my know ner: On the bests of examineti- end menner stated.	rledge, deeth occurre on end/or investigati	ed et the ti on, in my	me, date end pla opinion, deeth oc	ca, end due to the curred et the time	e ceuse(s) end mo , date end place,	enner es stated. and due to the cause(s)		
To t with com	Σ	29b. Signature end title of cartifier	end'	2	D-	3046	9	29d. Dete signe	d (Month, Dey, Year) 28 kg 1976		
5		30. Name and address of person who con N.B. VELLANKI, 9			e ->				MD. 21042		
Si Regis	ate trar	31. Date filed (Month, Dey, Yeer) OCT 3 0 19	32. Registrar's Signet	Ison-Randell							
	0.5		-								

DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020

TO THE MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	9 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 strawing	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		MENT OF H		MENTAL HYGIEN					
	1. OECEDENT'S NAME (First, Middle, Last) Helen	, Frit:	ح			2. DATE OF DEATH MONTH DA	**P	3. TIME OF DEATH	P M		
	218-22-7477	SEX 6. AGE (In yrs. Ias	YRS.	IF UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Wear) Aug. 20, 19	27	8. BIRTHPLACE (State or Foreig Country) Maryland	gn		
TOR	96. FACILITY NAME (If not institution, give street or Shady Grove Advent: RESIDENCE OF DECEDENT	,			ckville	EATH		tgomery			
FUNERAL DIRECTOR		tgomery	10c. CITY,	town or locat Dam	ascus			10d. INSIDE CITY LIMITS? 1 YES 2 NO	,		
IERAL	100. STREET AND NUMBER 10716 Budsman To	errace		101	ZIP CODE 208	72		ted States			
BY	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MED NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) y:	or No- 1	14. RACE — American Indian, Black, White, atc. Spectly.			
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondary (0-12) Co	oleted) (G illege (1-4 or 5 +)	ive kind of wor . Do NOT use :	sual occupation of the done during more retired.) Teacher	DN st of working	166. KIND OF BUS	siness/indu	STRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) William T:	rimmer				ME (First, Middle, Melden rtha Warfi					
5	190. INFORMANT'S NAME (Type/Print) Karen Abraham					Aoute Number, City or Town					
	20a. METHOD OF DISPOSITION 1	from State 20b. PLACE cemetary, cre PODL	AND DATE OF	DISPOSITION (Na or place)	me of	OATE 20c. LO	CATION - CI	r Springs, Md			
	21. SIGNATURE OF PUMERAL SERVICE LICENSI	lolesunth		Olin	L. Mole	Sworth, P. Rd., Damas	A.				
	23. PART I. Enter the diseases, or companies, or heart fellure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	CHRONIC UBSTI	evert.	t enter the mo-	de of dying, suc	h es cerdiec or respi	ratory erres	St, Approximata Interval Betw Onset and De	veen		
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF THE CONSECUT	n					EVR.			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):								
MEDICAL C	PART II. Other eignificant conditions co	ntributing to death but not r	reculting In	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
	DID TOBACCO USE CONTRIBU				UNCERTAIN	N 🗆		1 TES 2 TO			
PHYSICIAN:		26. PLAC DSPITAL: Inpatient 2 ER/Outpatient 3		(Check only one) THER: Nursing Home	s 5 🗆 Residence	6 Other (Specify)			\exists		
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (M 1 V	RK7 ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCU	RED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, atre	est, factory, office		281. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,			
COMPLETED		To the best of my knowledge, de the basis of examination and/or							od.		
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Finh J. my	, MD			29c. LICENSE NUM D2 3 6 3 6	20.757		SIGNEO (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO CO	MD 16220 F	M 27) (Type, Pi FAEDEA	rint) EICK RU	1 4213	61-14-1560	rg. A	40 20877			
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE OCT 2. 1 1916 July Structure Revelle										

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State of Maryland / Department of Health and Mental Hygiene

96 3402

							Cer	tificate	of L	Death		Reg. No.	U	34021
	Dhyois	ian	1. Decedant's Nama (First, A	fiddla, Last)							2. Data of Dea		Year	3. Tima of Death
	Physic /Medi		CHARLES WA	DE FRAZE	E						NOVEMB		996	11:57 A
):	Exami		4a. Facility Nama (If not Instit	711						o. City, Town, or L		100		
			Sacred Heart	Hospital						Cumberla		Alle	gany	
10	Funeral Director		5. Social Sacurity Number 212–28–7484	6. Sax 1 X M 2	7 -	a (In yrs. Ias 68	t birthday) Yrs.	If Undar 1 Y	Yaar Days	Hours Min.	8. Data of Birth (Month, Day Sept 26	, 1928	9. Birthp Cour Mary	placa <i>(Stat</i> a o <i>r Foreig</i> ntry) land
	pud *	7	Usual Rasidance of Decedar 10a. Stata 10b. Co			10c City	Town or Lo	cetion						Od. Insida City Limit
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	28a-	Director	10e. Street and Number	rect		FI	rienas	oville	ode			10g. Citizen of	Milhar Cause	
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020	spes 1 and 2 should be filed within 72 hours efter deeth with the Menyland nt of Heelth and Mental Hygiene. If it flam 27 is marked other than "natural", or flams 23a or 28a-f show or other treumatic event, the Medical Examinat must be notified at	by Funeral	11. Marital Status 1 Navar Marriad 2 3 Widowed 4 Divo	12. Was Arm Married 1.2	s Decedant I ed Forcas? Yas 2 1 as, Giva r or Datas:		1	Vas Deceden	t of His Cubar	spanic Origin? (Sp n, Maxican, Puarto Specify:	pecify Yas or No- Rican, atc.)	14. Rac	ce - Amaric ck, Whita,	atc.
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nd	al Hy oth	Be	17. Fathar's Nama (First, Mid	dla, Last)						18. Mothar's Nam	na (First, Middla,	Maidan Suman	na)	
Na	Ment Ment Prked	To	Charles Fraze	ee						Daisy Th	homas			
Maryland	end le me		19a. Informant's Name/Ralai		-			-		nd Number or Ru				•
	and n 27		Beverly J. Fi	cazee/wif	e					, Box 1.	51, Frie	ndsvill	le, M	D 21531
ore	of Hear		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramat	ion 3 Demoval	from State	20b. Plac	e of Disponatary, cren	sition (Nama natory or otha	of r place)	Data	20c. Location	- City or To	wn, Stata
Ĕ	Peg nent ant: I		4 Donation 5 Oths		IIOIII Stata	Addi	son (Cemeter	cv,	Nov 4,	1996	Addisor	ı, PA	
Baltimore,	permit. Peges 1 and 2 Depertment of Heelth e Important: If item 27 is any injury or other tra-		21. Signature of Funeral Sen	vice Licensee	ma	a)	22 Ne	Nama and A	Addrass	of Facility eral Home	es, P.A.	, P.O.	Box 2	
		-	23a. Part1. Enter the discuss shock, or heart failure.	a, or compilcations	that causad	tha daath.	Do not anti	/9 Mill ar tha moda o	Ler of dying	St., Gra	antsvill or raspiratory ar	e, MD rast,	21536	Approximata
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	To the Hospital or Attent within 24 hours efter deet! To the Funeral Director: completely filled in by the	edicai		fying Physician: T cal Examiner: On and	tha besis of mannar sta	axaminetion	and/or inv	astigation, in	my op	nion, daath occur	red at tha time, o	iate and place,	and due to	tha cause(s)
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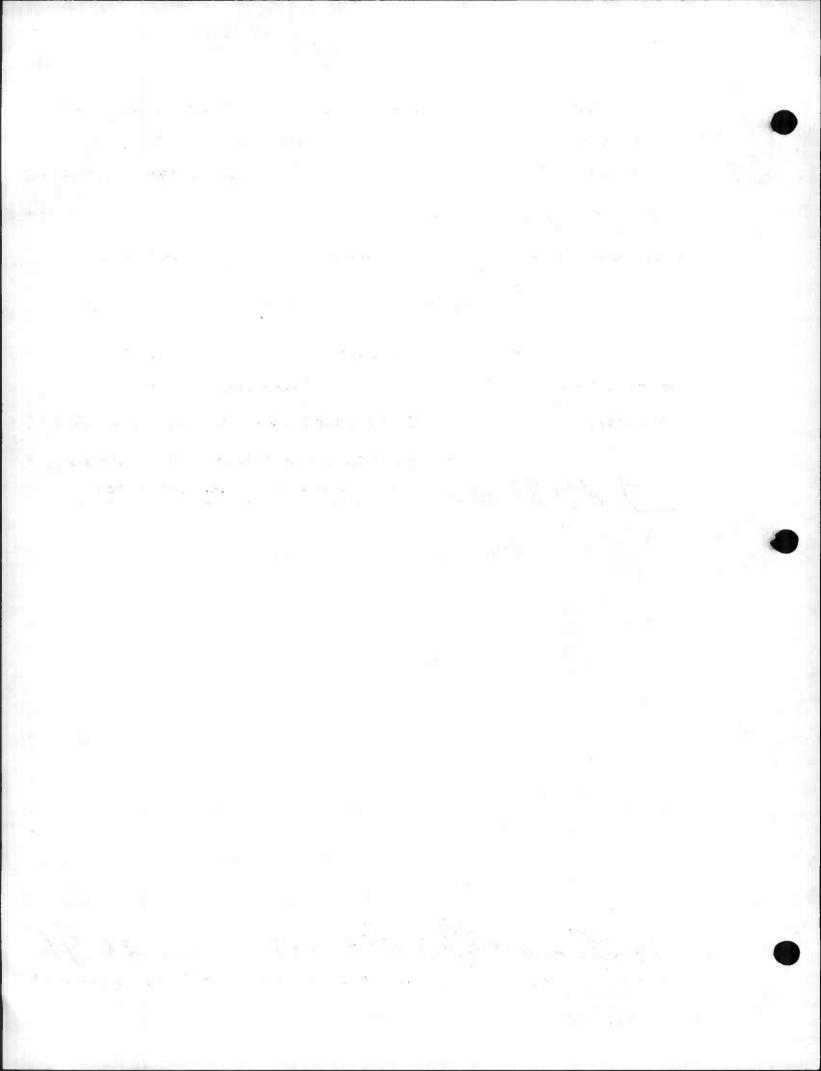
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	sho sho	ريدا			_ [1011							10d. Inside City Limits 1 ☐ Yes 2 Ā No
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ore			20e. Method of Disposition	and the second	20b. P	leca of l	Disposition, cremeto	on (Neme	e of her pla	ce)		Defe	20c. Locat	ion - City or To	own, Stete
Baltimore, Maryland 21215-0020	Pages nent of I ant: If ite		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)							torium	10/2	28/96	Rotho	sda,Ma	ruland
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N	Physician		23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) e												Onset end Deeth
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>	Physician: this certific ral director,	To B	examiner? 178 Yes 2 No	lospitel:	at 2 🗆	ER/Out	nationt	3□ DOA	Ott	200		me 5 Kesi		Other (Case)	5.4
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-	or A after Direction by	Certification:	4 ☐ Homicide determined	building, etc	. (Specify	()	111, 311001,	, ractory,	OHICE			City or To		ambor or riare	, riodio ridinos,
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	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Med	Carbot has a continue to the Color of the Balt of C	end menner sfa	100.			-	1 learn	a aceta			and Detail	anned /life-st	Dou Vocal
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			30. Neme and address of person who co								101				
			Francis C. Mayle	e, M.D. 1	0215	Fei	rnwoo	od Ro	oad	- Su	ite .	301, Be	thesd	a, Mary	land 20817
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DHMH 16 Rev 6/95

Registrar

OCT 3 0 1996



State of Maryland / Department of Health and Mental Hygiene 34022 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** DELLA ALBERTA FRIEND 08:15 96 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** OAKLAND GARRETT GARRETT COUNTY MEMORIAL HOSPITAL if Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dev. Yeer) Birthplece (State or Foreign Country) **Funeral** Days 1 □ M 2X F Months 85 Director 214-36-6523 AUG. 4, 1911 Usual Residence of Decedent the Maryland a or 28a-f show 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits OAKLAND MD GARRETT Director 1 ☐ Yes 2 ☑ No 10e, Street and Number 10f. Zin Code 10g. Citizen of What Country? with 1 ns 23a USA 21550 4684 HUTTON ROAD Pages 1 and 2 should be filed within 72 hours aftar death nent of Health and Mantal Hygiena. Int: If Item 27 Is marked other than "natural", or Items 23 Funeral 12. Wes Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-ff Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Item 27 is marked other than "natural", or items other traumatic event, the Modical Evaluation in 11. Maritai Status 14. Race - American Indian. Bleck, White, etc. 1 Never Married 2 Married ☐ Yes 2 f Yes, Give 27 No Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yes 2 No Specify: by 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) NURSING HOME 6 NURSES AIDE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be GENNY ELLEN SWEITZER JOHN EDWARD REXRODE 70 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) CLARENCE FRIEND-SON 4684 HUTTON ROAD, OAKLAND, MD 21550 20a. Method of Disposition 20b. Place of Disposition (Neme of Dete 20c. Location - City or Town, State permit. Pages 'Department of H Important: If Ite any injury or of once. cemetery, cremetory or other piece) 1 NBurial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 11/6/96 SWANTON, MD GEORGE CEMETERY 21. Signature of Funeral Service Licens 22. Name and Address of Facility DURST FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical 12 hours Examiner consequence of): mellitus by Physician/Medical Examiner in betes Years or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last led by the attending physician and datached for use as the burial-tran Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the causa of death? signed by 2 No 3 Probably 4 Unknown 1 Yes 9 cate has been significant categories categor 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Wes en autopsy performed' certificate has 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medice! examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel Certification: To 1□ Yes 2万 No 1 Inpatient 2 ER/Outpatient 3□ DOA this Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred After t To the Hospital or Attanding within 24 hours after death.

To the Funeral Director: After a control of the Funeral Director of the lunch filled in by the lunch the funeral of the formal of the forma 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier Medical (Check only 29b. Signature and title of continue 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type Luke Park, MD tighter

32. Registrar's Signature

DHMH 16 Rev 6/95

Registrar

31. Date filed (Month, Dey, Year)

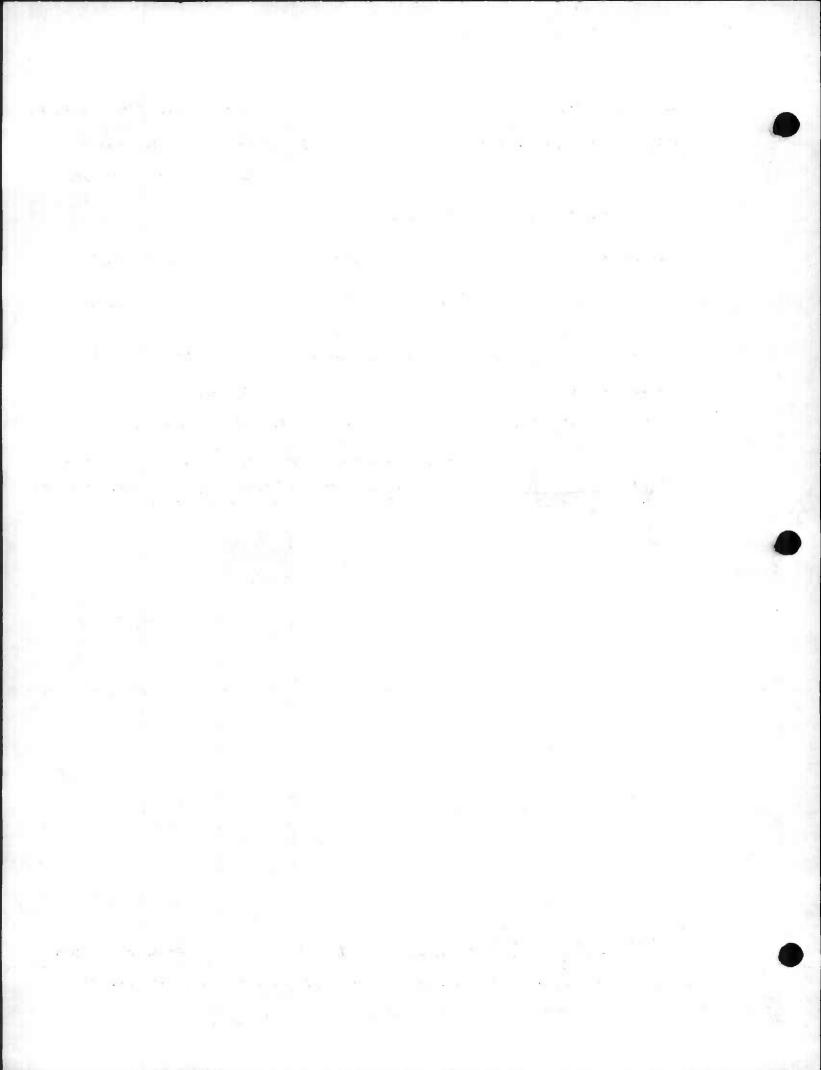
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State of Maryland / Department of Health and Mental Hygiene

34023 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 3. Time of Death 2. Date of Deeth Physician Month Year Eugene Frank Frey October 24, 1996 6:10 PM /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Collingswood Nursing Center Rockville

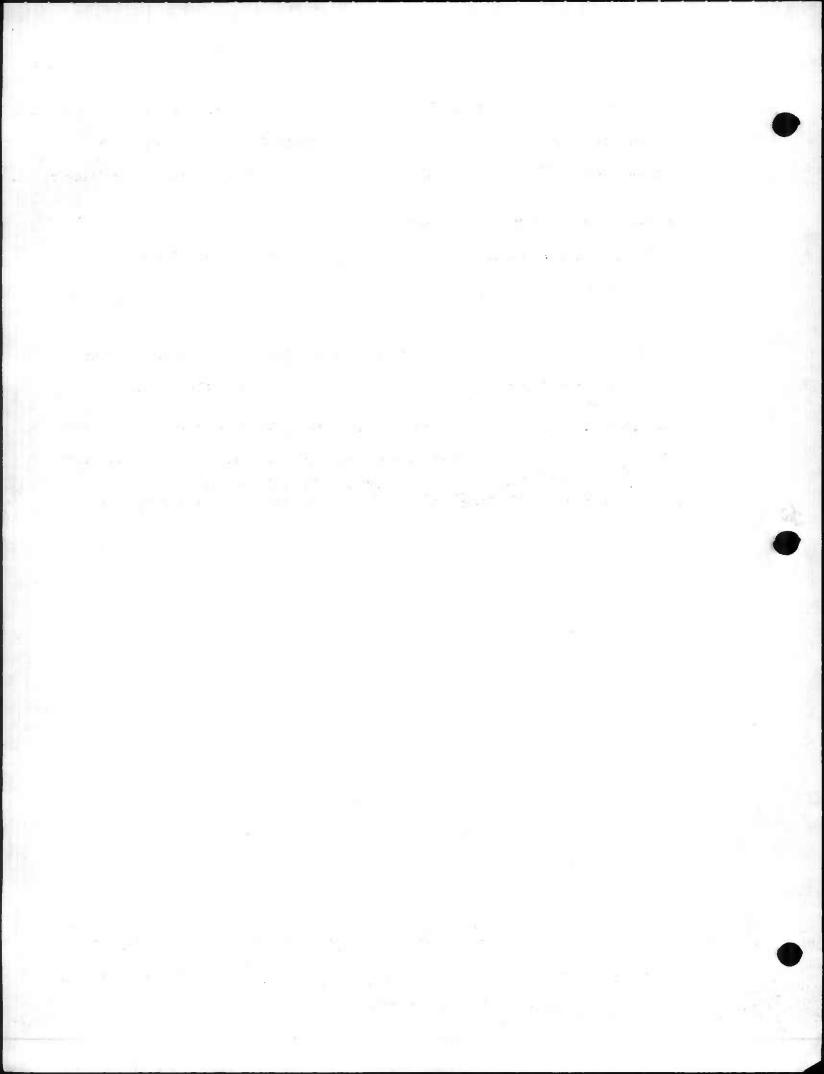
If Under 24 Hrs.
Hours Min.

8. Dete of Birth
(Month, Dey, Year) Montgomery 5. Social Security Number If Under 1 Year Funeral 6. Sex 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) 10XM 2□ F Months Deys 147 07 7082 Yrs. Director 91 Dec. 8, 1904 New Jersey Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, "In Mexical Examiner must be notified at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Montgomery Bethesda Funeral Director 1 ☐ Yes 2 ☑ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6212 Wiscasset Road 20816 United States 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 ⊠Yes 2□NeWorld War 1□ Yes 210 No Specify: 1 Never Married 2 Married 21215-0020 by 3 ☐ Widowed 4 ☐ Divorced Specify: II White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) U.S. Government 5+Federal Judge Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Quincy Frey Mayre Vanecek 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Catharine S. Frey/ Wife 6212 Wiscasset Road, Bethesda, MD 20816 20b. Plece of Disposition (Neme of cametery, cremetory or other piece) Oct. 26, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland Service Licenses 22. Name end Address of Fecility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. M00689 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 ner he disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or a feiture. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel Bladder Cancer disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner or Attending Physician: The lew requires that the death certificate be executed buriel-trensit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b, Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Aspiration Pneumonia signed t d be det þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed Abdominal Colon Atony 1 🗆 Yes 200 No certificete 1 ☐ Yes 2 X No Anemia 25. Wes cese referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 2 Other: 4 🕅 Nursing Home 5 🗆 Residence 8 🗆 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral Certification: 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 X Naturel 5 Pending death. ofter death Diractor: A d in by the f 2 Accident investigation 1 Yes 2 No 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours eft To the Funaral Di completely filled in 1 X Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (flain 23e) (Type, Print) D35791 October 25, 1996 30+ Merlyn K. Vemury, 9801 Georgia Avenue, #227, Silver Spring, Maryland 20902 M.D. 32. Registrer's Signeture 31. Date filed (Month, Day, Year) State Lika Davidson OCT 2 8 1996 Registrar - Handell



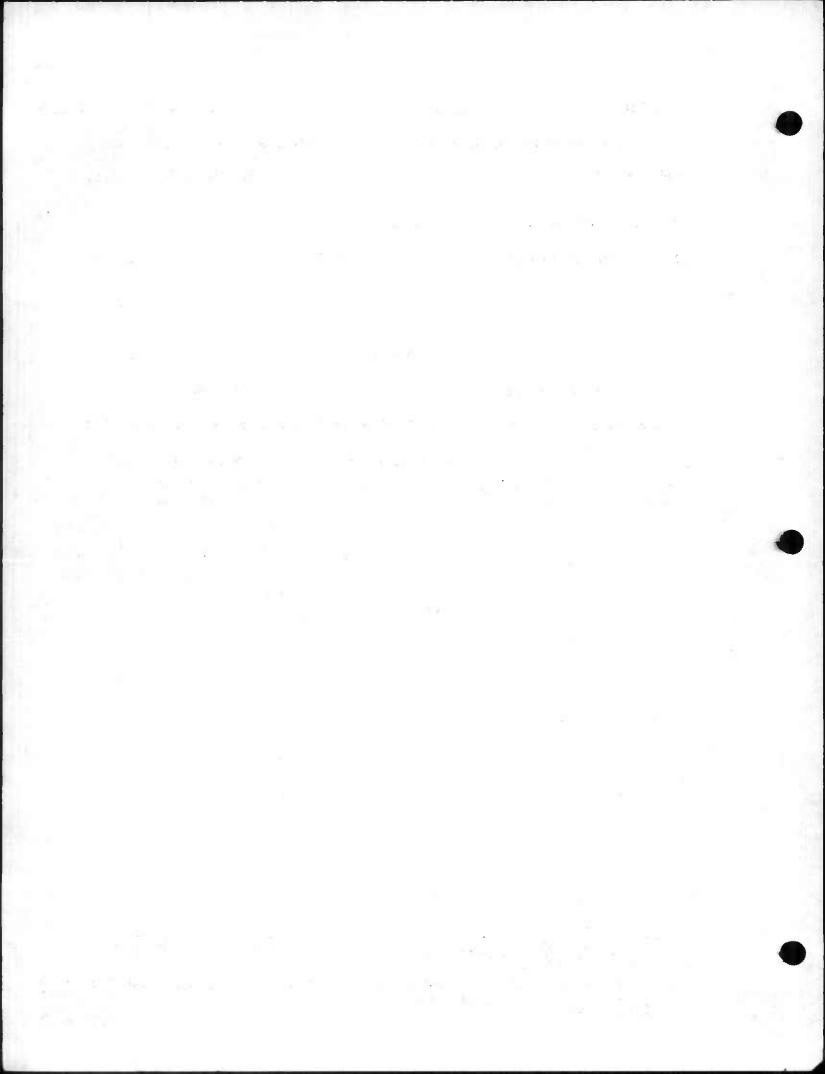
State of Maryland / Department of Health and Mental Hygiene 96 34024

					Certifica	te of	Death	_	Reg. No.	20	0 7	064
Dhuais		1. Decedent's Neme (First, Middle, La	st)					2. Dete of De	eath	V	3. Tirr	ne of Deeth
Physic /Med		CHARLES	L FRAN	NKLIN	SR.			Month Oct.	23	1996	7:	25 A.M
Exami		4a. Fecility Name (If not institution, giv	e street end number)				4b. City, Town, or	Location of Deet	h 4c. Cou	inty of Deeth		
		SUBURBAN HOS	PITAL				Bethesd			ontgome	ery	
Funeral Director		5. Social Security Number 6. S 578 46 8723 Usuel Residence of Decedent	Sex 7. Age (In	yrs. last bir	Months	er 1 Year Deys	If Under 24 Hr Hours Mir		rth ey, <i>Year)</i> , 1910	9. Birthp Cour New (olece (State) Orle	ate or Foreign ans,LA
death with the Maryland rrs 23s or 28s-f show r.mast.be.notified at		10a. State 10b. County	100	c. City, Tow	n or Location					1	0d. Insid	de City Limits
Mary Mary	tor	Maryland Montgo	mery	Chev	y Chase	2					1 🔯	Yes 2□No
# 15 P	Director	10e. Street end Number			-	ip Code			10g. Citizen	of Whet Cour	ntry?	
Ph with	alE	4550 N. Park Av	e. #T106			2081	5		Unit	ed Sta	ites	
_ 10 4 5	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	in U,S.	13. Wes Dec If Yes, sp	edent of I- ecify Cub	lispenic Origin? (an, Mexican, Pue	Specify Yes or No rto Rican, etc.)		Race - Americ Bleck, White, ocify: Bla	etc.	n,
21215-0020 d within 72 hours at plene, r than "natural", or the Medical Exam	ted	15. Decedent's Ed	Jucetion	16e.	Decedent's Us	ual Occup	pation		16b. Kind of	f Business/Inc		
Ethin 7	Completed	(Specify only highest gre Elementary/Secondary (0-12)	College (1-4or 5+)		(Give kind of w life. DO NOT	ork done use retire	during most of wo	orking			,	
212 d with glene. or than	mo:	12	5+	Ec	onomist	Sta	tistian		U.S.	Govern	ment	_
Maryland 2 d 2 should be lilled th and Mental Hygin T is marked other traumatic event, ii	Bec	17. Fether's Neme (First, Middle, Lest)					18. Mother's Na	me (First, Middle				- 177
arylar should b od Mente marked marked	10	Clarence	Franklin					Estell	e Temp	le		
2 sho and A	-	19a. informent's Name/Reletionship (7	Type, Print)	19b	. Mailing Addres	ss (Street	end Number or F	Pure/ Route Numb	er, City or Tox	wn, Stete, Zip	Code)	
CHAL	Ш	Madeline Frankl	in	45	50 N. P	ark	Ave. Ch	evy Chas	e. Mar	vland	2081	15
Sattimore, parent. Pages t a populariment of Heal mportant: If New Inly Injury or other Mice.		20e. Method of Disposition	20	Ob. Plece of	Disposition (Ne	eme of		Date		on - City or To		
Pages hant of nut: If the		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion /5 ☐ Other (Specifications)	Removal from State		Creek C			29/96	Washi	ington	D	C
Dartill Pag permit. Pag Department Important: I any Injury o		21. Signature of Euneral Service Livers								ingcon	, D.	0.
Demit. Departitional any inju		Harven	i E. Hee	the	7400 (Georg	gia Ave.,	Service N.W.,Wa	shingto	on, D.	c. 2	0815
	1	231. Part1. Me/ the disease, or comp show, or heart failure. List only	olicetions that caused the one cause on each line.	death. Do r	not enter the mo	de of dylr	ng, such as cerdia	c or respiretory e	rrest,		Approxi Intervel	Between
Physician /Medical		L	4	,	7					1	Onset e	end Death
Examiner	\vdash	firmediate Cause (Final disease or condition resulting in death)	. Aspirat	tien /	neum	onic				1	da	15
	10		Due	to (or es e d							,	
3 1	i		b. Serzun	D	Iserde	~					day	15
cate be executed physician and s the burist-transit	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due	to (or es e o	consequence of):						
ficate be ex physician as the buria		Cause (Cisease or injury	G									
erificate be exe ling physician a a as the burlai-	edical	that initiated events resulting in death) Last	Due t	to (or es e c	onsequence of)	:						
and the state of t	\$		d.									
death o attend of for us	Physician											
9 6 d	ysic	Part ii. Other significent conditione co	1 -0 1		the underlying	ceuse giv	en In Pert i.	23b. Did	tobacco use	contribute to	the cau	ee of death?
1 D 1	by Ph	Chronic Re	nal Failu	re				1 🗆	Yes 2 No	o 3 ☐ Prot	ably 4	4 Unknown
ew requir ts been s 2 should	Completed							24e. Wes	en eutopsy rmed?	cor	eileble pr	osy findings rior to of ceuse
The I	S							10	Yes 2☐No	1	Yes :	2□ No
ician: Th certificate rector, pay	Be	25. Was case referred to medical examiner?						eth (Check only o	one)			
Physic This o	2	10 100 20 100	Hospital: 12 Inpatient	2 ER/Out	tpetient 3 D	OA Oth	er: 4 \sum Nursing I	Home 5 Resid	dence 8 🗆 C	other (Specify	1)	
	 0	27. Manger of Death 1 ☐ Natural 5 ☐ Pending	28a. Dete of Injury (Month, Dey Yee	28b. T	ime of njury	28c. Injur	y et k?	28d. Describe	how injury occ	urred		
Attending r death. ector: Atte by the func	cati	2 ☐ Accident investigation			М	1 🗆	Yes 2□No					
al or Atten is after deat al Director: ed in by the	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - A building, etc. (Sp.	At home, fer necify)	m, street, fecto	y, office		28f. Location (: City or Tox		mber or Rure	/ Route N	vumber,
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	reician: To the best of my iner: On the basis of examend menner steted.	knowledge, nination end	deeth occurred Vor investigation	et the tin	ne, dete end plece pinion, deeth occ	e, and due to the urred et the time,	ceuse(s) end dete end plac	menner es st e, end due to	eted. the ceu	se(s)
of the of	Me	29b. Signature and title of certifier	3		29	c. Licens	e number		29d. Dete sig	ned (Month I	Dev. Yes	ir)
F F F S	100		- M	m	n	1	77335	7	101	123/5	6	
	1	1-1-					3-2- /	7 may 13/1	. /	/		
10		30. Name and address of person who o	/		Type, Print)		17.	.01	1 1). H. J	1	hass
(0		Lee Sana/ha			032		1/2 moc	~~ 15/L	-u 13	el any or		/
Sta	te	31. Dete filed (Month, Day, Year)	32. Flogistrer's 6	MdAcr^-	fandell.							



State of Maryland / Department of Health and Mental Hygiene 96 34025

					Ce	ertificate of	f Death	F	Reg. No.		04020		
	Discont		1. Decedent's Name (First, Middle, La	ist)				2. Dete of Dee	eth	VIII.	3. Time of Death		
	Physic /Medi		Marty	+ secon	AG.			Month October	Day 28, 1	Yeer L996	7:32 P.1		
	Exami		4a. Fecility Name (I) no vistitution, give	re street end number)	1		4b. City, Town, or L		4c. County				
			15107 Interlache	n Drive. #801	1		Silver S	nring	Mont	gomer	-37		
	Funeral		Social Security Number 6. 3		rs. last birthday		r If Under 24 Hrs.	8. Date of Birth	1	~	4		
	Director		268-38-1627 Usual Residence of Decedent	1□M 2⊠F	93 Yrs.	Months Days	s Hours Min.	May 9,	1903	Cour O1	plece (State or Foreign htry) hio		
	yland Mow		10a. State 10b. County	10c.	City, Town or I	_ocetion				1	10d. Inside City Limits		
	Me I	ţ	Maryland Montgon	nerv	Silver	Spring					1 ☐ Yes 2 🖺 No		
	r 288	Director	10e. Street end Number	iic1y	DITACT	10f. Zip Code			log. Citizen of	Whet Cour	ntrv?		
	3a o		15107 Interlache	en Drive, # 80	0.1	209	0.6						
	Jeeth 2	Jera	11. Marital Status	12. Wes Decedent Ever in				ecify Yes or No-	United 14. Bad	ce - Americ			
0	r He	Funeral	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2X No		If Yes, specify Cu	Hispenic Origin? (Sp ban, Mexican, Puerto	Rican, etc.)	Bla	ck, White,			
21215-0020	permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Meryland Department of Health end Mentral Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Exercises must be notified at angle.	þ	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		1☐ Yes 21XNo	Specify:		Specif	y: Wh	ite		
ŏ	2 hou		15. Decedent's Ed		16e, Dec	edent's Usuel Occu	upetion		16b. Kind of B				
215	7 uic 7	Completed	(Specify only highest gre	ede completed)	(Giv life.	e kind of work done DO NOT use retir	e during most of work red)	ing		0011000111	soury		
5	with the plane	E	Elementary/Secondary (0-12)	College (1-4or 5+)	Ho	memaker			Н	ome			
	Hyg Sthe	Be C	17. Fether's Neme (First, Middle, Lest,)	110	inciliare1_	18. Mother's Name	e (First, Middle,	-				
a	id be enta kad	To B	Abraham	Klace Bolio	h			Roccio	e Mari	0 VC	oung		
37	mar mar	-	19a. Informant's Name/Relationship (ling Address (Stree	et end Number or Run						
Maryland	end 2 : Balth er n 27 is		Judith Howell/Day										
e,	Hea am		20a. Method of Disposition		Plece of Disc	osition (Neme of	Way, Rock		20c. Location				
0	Pages nent of I ant: If its ury or of		1 ⊠ Burial 2 ☐ Cremation 3 ☐	The state of the s	,	emetory or other pl	,						
altimore,	rtme rtant		4 Donation 5 Other (Specif	110		ill Cemet		1-2-96	Canton	, Ohi	.0		
Ba	permit. Departr Importu any inju		21. Signature of Funeral Servica Licer	1500	2	22. Name and Add	ress of Fecility De V	ol Fune	ral Hon	ne			
	407.60		Michael	1 - Colle	ens 1	0 East De	eer Park D	r., Gait	thersbu	rg, M	D. 20877		
			23a. Pert1. Enter the disease, or com shock, or heart teilure. List only	plications that caused the de	ath. Do not er	nter the mode of dy	ring, such as cardiac	or respiretory err	est,		Approximete Intervel Between		
Υ.	Physician			0.1		, I	1				Onset end Deeth		
1	/Medical		Immediete Cause (Finel disease or condition	M	un Ca	rdial	111-10	we sin	L	Ī	lhb		
ь	Examiner		resulting In death)	Due to	(or as a conse	equence of):	10 10	1 - 11	4		1.11		
	70 .=	Examiner		H	12001	011/01	plate!	NIDIN	o divid	ANE	20111		
	cuter	ami	Sequentially list conditions.	b. Due to	(on as e conse	onsequence of):							
ó	an e	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		1						V		
68760,	ysici	edicai	Ceuse (Disease or Injury that initiated events	C. Due to	(or es a conse	quenca of):							
39 x	eeth certificete be executed ettending physician end i for use es the burial-trensit	Med	resulting In death) Lest	d	,	,				į			
90	es thet the deeth car igned by the ettendin be deteched for use	Physician	Port II Other planificant conditions					000 014					
0	the ay the	hys	Pert II. Other significent conditions of	Orimbuting to death but flor in	esulting in the	undenying cause g	iven in Haπ i.		-		the cause of death?		
S,	The law requires thet the deeth at the best been signed by the etter pege 2 should be deteched for u	by P	_ lahel	PP 1011	140			1 4	es 2 No	3 ∐ Prot	bably 4 ☐ Unknown		
Vital Records,	v require been sig should t			1-0 2010				24a. Wes a	n autopsy		ere eutopsy findings		
ပ္ထ	s bed	Completed	Tenol	MILLIAM				perfor	mea /	COL	elleble prior to mpletion of cause death?		
ř	The law cate hes pege 2:	E						400	000				
ē			25. Was case referred to medical					1 🗆 Ye		11	Yes 2□ No		
5	Attending Physician: r deeth. ector: After this certifica by the funeral director, p	o Be	examiner?	Hospitel:		-20	26. Plece of Death						
0	Physical d	7.	1 ☐ Yes 2 ☑ No 27. Menner of Death	1 ☐ Inpatient 2	28b. Time of	HIL 3LI DOA	4 LI Nursing no	me 5 Aeside 28d. Describe ho			1)		
	After fune	ion	1 ☑Natural 5 ☐ Pending	(Month, Dey Year)	Injury	Wo	ork?	280. Describe III	ow injury occur	100			
Š	deeti deeti	cal	2 ☐ Accident investigetion 3 ☐ Suicide 6 ☐ Could not be				Yes 2 No	00/ 1			15		
DIVISION	or A sifter Direction by	Certification:	4 ☐ Homicide determined	28e. Plece of Injury - At building, etc. (Spec	nome, term, si cify)	reet, factory, offica	,	28f. Location (St City or Town		er or Hura	I Houte Number,		
_	pital burs filled		29a. Certifier 1 Certifying Ph	alalas Taris II. II. II.	and the same								
	Hos 24 hc Fun stely	edicai		ysicien: To the best of my kr ilner: On the basis of examin	nowledge, deal netion end/or Ir	th occurred at the to estigation, in my	ime, date and plece, a opinion, deeth occurr	and due to the ca ed at the time, d	ause(s) end ma ete and pleca,	and due to	eted. the cause(s)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Me	29b. Signeture end title of certifler	and manner steted.		290 I loon	se number		Od Data sier -	d /Adamsh	Day Vacri		
	£ ₹ ₹ 8		on distribution	/ /		230. LIOBI	2004)/	29d. Dete signed (Month, Day, Year)				
	2		Vene 1	1/0012	MD	1	1021	//	000	16)	40		
	10		30. Neme end eddress of person when							1			
			Paul T. Noone, M.				# 207, Roc	kville,	Maryla	nd 20	0852-1290		
	Sta		31. Dete filed (Month, Day, Yeer) OCT 3 0 1996	5 Extra 10 Extra 618	Hustande	No.							
	Registr	ar	001 0 0 1000	0									



State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	of	Death			Reg. No.	0 0	7020
	Dhusia	1	Decedant's Nama (First, Middla,	Last)							2. Data of De			. Tima of Death
J	Physic /Medi		Karen Linda G	untrum						- 1	octobe	er 26,	1996	10:50am
7	Exami		4a. Facility Nama (If not Institution, 1808 Anne Mari						4b. City, To Wald		cation of Deat	4c. County Charl		
	Funeral Director		5. Social Sacurity Number 127–50–5066	.Sex 1□ M 2⊠ F	7. Aga (In yrs 39	. last birthday) Yrs.	If Under 1 Months	Yeer Deys		24 Hrs. Min.	8. Dete of Bir (Month, De Sept.	th by, Year) 28, 195	9. Birthplace Country) 7 Color	(Steta or Foraign
	pu k		Usuel Rasidance of Decedant 10e. Stete 10b. County		100 C	ity, Town or Lo	cation						104	La de la companya de
	he Maryle Sa-f ahor	Director	Maryland Charl	es		Valdorf								Insida City Limits 1 ☐ Yas 2 🖺 No
	vith th	늄	10e. Street and Number	a' 3			10f. Zlp (10g. Citizan of V	What Country?	
	23a	- a	1808 Anne Marie				200					USA		
21215-0020	ges 1 and 2 should be filed within 72 hours after daath with the Maryland to Health and Mantal Hygiena. If Itam 27 is marked other than "natural", or itams 23a or 28a-f ahow or other traumatic event, the Medical Examinat must be notified at	by Funerai	11. Marital Status 1 □ Navar Married 2 ☐ Married 3 □ Widowed 4 □ Divorced	12. Was Daced Armed Ford 1 Yes If Yes, Give Yaar or Da	cas? 2.∏ No		Was Decede If Yas, apecil 1 □ Yas 2	fy Cub	en, Maxicar	n, Puarto	cify Yas or No Rican, etc.)		a - Amaricen II ok, Whita, atc. Whi	
Š	2 hou		15. Dacedant's	Education		16a, Dece	dent's Usuai	Occu	pation			16b. Kind of B		
215	within 7; ena. than "nu	Completed	(Specify only highast) Elamantary/Secondary (0-12)	grada complated) Coilega (1-	405 5 . \	(Giva	kind of work DO NOT use	dona retire	during mos	t of worki	ng			,
21	filed with Hygiena. other than	E	12	2	40(5+)	Per	sonne?	1 0	ffice	r		PG Cour	nty Gov	ernment
	e filed al Hygi other vent, i	Be C	17. Fathar's Nama (First, Middla, La	st)					18. Motha	ar's Name	(First, Middle	, Meidan Sumen	ne)	
<u>a</u>	ould be f Mantal I mrked of matic eve	ToE	Harvey Harold H	all					Ma	arie	Louise	McGolr	ick	
Maryland	2 should and Man le marke reumatic		19a. Informent's Name/Ralationship	(Type, Print)		19b. Maiiii	ng Addrass (Stree	t and Numbe	er or Rura	/ Route Numb	er, City or Town,	Stata, Zip Coo	da)
	Health a am 27 le am 27 le arm 27 le		Clifford U. Gun	trum, Jr.	-Spous	se 180	8 Anne	e M	arie (Circl	e, Wal	dorf, M	20601	
J.	of He item		20a. Mathod of Disposition		20b.	Piaca of Dispo	sition (Nama	a of		I	Data	20c. Location -		
Ĕ	Pages nant of H int: If its iry or of		1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe	⊔Ramoval from S city)	iaia	intt Cr	-		.007	10	-30-96	Waldorf	. Marv	land
Baltimore,	permit. Pages 1 and Department of Health important: if item 27 any injury or other ti		21. Signature of Funeral Service Lic	Shorter A	un	~ H	Nama and untt E	un	eral H	iy Home,	lnc.			
			Mark G. Broh. 23a. Part1. Entar tha diseesa, or co shock, or haart failura. List on	awn M000		th Do not ant	O. E	3OX	156,	Wald	orf, M	D 20604-	-0156	proximate arvei Between
	Physician /Medical Examiner	Examiner	Immediata Causa (Final diseasa or condition rasulting in death)	a. CA		R O			ARY				On	sat and Death
	ertificata be axecuted ding physician and sa as tha burial-transit	Cam	Sequentially list conditions,	Dua to (or es e consec	uance of):								
90	se axe		Sequentially list conditions, if any, leeding to Immediata causa. Entar Undarlying Cause (Disaase or injury that initiated evants											
68760,	sata b shysic tha b	Medicai	that initiated evants rasulting in death) Last	C	Due to (d	or es e conseq	uence of):							
9 x	ling p	Me		■ d										
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0	requiras that the death certificate be assocuted some signed by the attending physician and thould be detached for use as the burial-transit	Physician	Part II. Other eignificant conditions	contributing to dea	ith but not ras	suiting in the u	nderlying car	usa gi	van in Part I	i.	23b. Dld	tobacco use co	ntribute to the	cause of death?
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	To the within 2 To the comple	2	29b. Signature and titla of certifiar	R.	Mar	h	29c.	Licen	sa number F-35	-2		29d. Dete signe	d (Month, Dey,	(Year)
			30. Nama and addrass of person wh	o complated causa	of death (Itar	m 23a) (Type,	Print)		Mal)	0/4	1 4	* 1	
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State of Maryland / Department of Health and Mental Hygiene

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Division of Vital Records,	美尼草口	ŧ	4 ☐ Homlcide	determined	256. PI60	a of Inju ling, etc	ury - At home, c. (Specify)	farm, str	eet, fector	y, office	9			City or To			ber or Rura	Route Nur	nber,
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•			30. Name and address of p	erson who	completed cau	se of de	eeth (Item 23a	a) (Type,	Print)								*		
			Dr. Helen							hes	stert	own	,	MD 2	162	0			
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	Registr		001	24	1996	4u	ha David	Son-A	andelle										

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Death 3. Time of Death Month **Physician** LUCILLE GREEN OCT. 1996 26 1530 /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL | Hunder 1 Yaar | Hundar 24 Hrs. | 8, Data of Birth | Months | Days | Houra | Min. | MAY 17 1921 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 75 yrs 9. Birthplace (Stata or Foreign Funeral 1□ M 2⊠ F Yrs. MARYLAND Director 220-24-8817 5.3 Usuel Residence of Decedent death with the Merylend 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits item 27 is marked other than "natural", or itema 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at 1X Yes 2 No Director MARYLAND ANNE ARUNDEL ANNAPOLTS 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 701 GLENWOOD STREET APT. 722 21401 US Funeral 12. Wes Decedent Evar In U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14 Bace - American Indian Armed Forces filed within 72 hours efter 1 ☐ Yes 2) No If Yes, Giva 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ♥ No Specify: Specify: BLACK 2 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Spacify only highest grede complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than eny injury or other traumatic event. The Mean in the Mean Elementary/Secondery (0-12) College (1-4or 5+) SUPERVISOR KORVETT DEPT, STORE 6th 0 17. Father's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be JOSEPH T. JOHNSON CAROLINE HALL 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 701 GLENWOOD STREET APT. 722 ANNAPOLIS, MD. 21401 TODDIE GREEN (HUSBAND) 20a. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) ANNAPOLIS MEM. GARDENS 10/30/96 ANNAPOLIS, MD. 21. Signature of Funerel Sarvice Licensee 22. Neme end Addrass of Facility WM. REESE & SONS MORTUARY, P.A. esse 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Artariosclerotic cardio vascular disease Severa /Medical immediate Causa (Final disaasa or condition rasulting in death) Examiner Examiner the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. ettending physiclan requires that the death certificate be Physician/Medical Due to (or as a consequenca of): 98 50 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown rabetes mellitus Hypertension þ 8 24b. Were autopsy findings available prior to Completed 24a. Wes an autopsy completion of cause of death? The law page 2 s certificate hes 1 Yes 2 No 1 □ Yes 2 □ No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Wes case referred to medical examiner? Be 28. Pleca of Death (Check only one) Hospitel: 1 Inpatiant Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Certification: 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 3 Suicida 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29e. Certifler Medical 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of cartifier 29c. Licanse number Mn 2gr

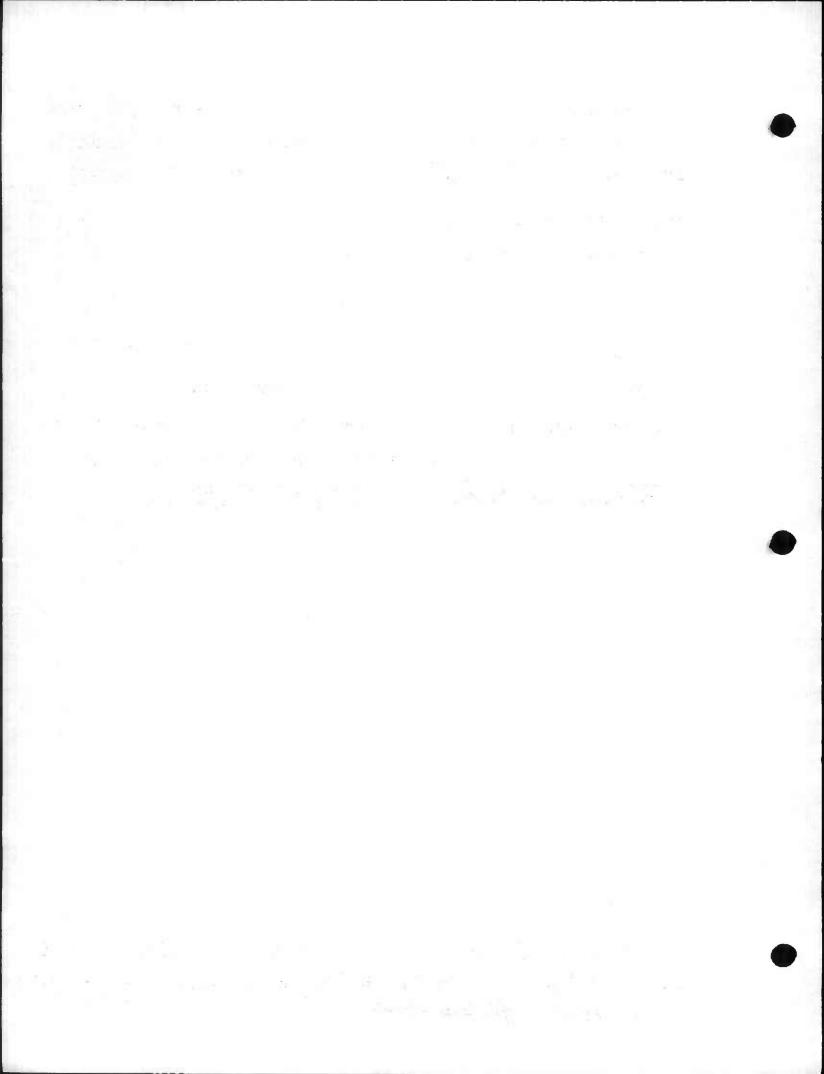
completed cause of death (Item 23e) (Type, Print),

32 Registrar's Signature

edical Pkwy #100, Annapolis, Maryland 21401

State Registrar 31. Date filed (Month, Dey, Year)

OCT 2 9 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg No.

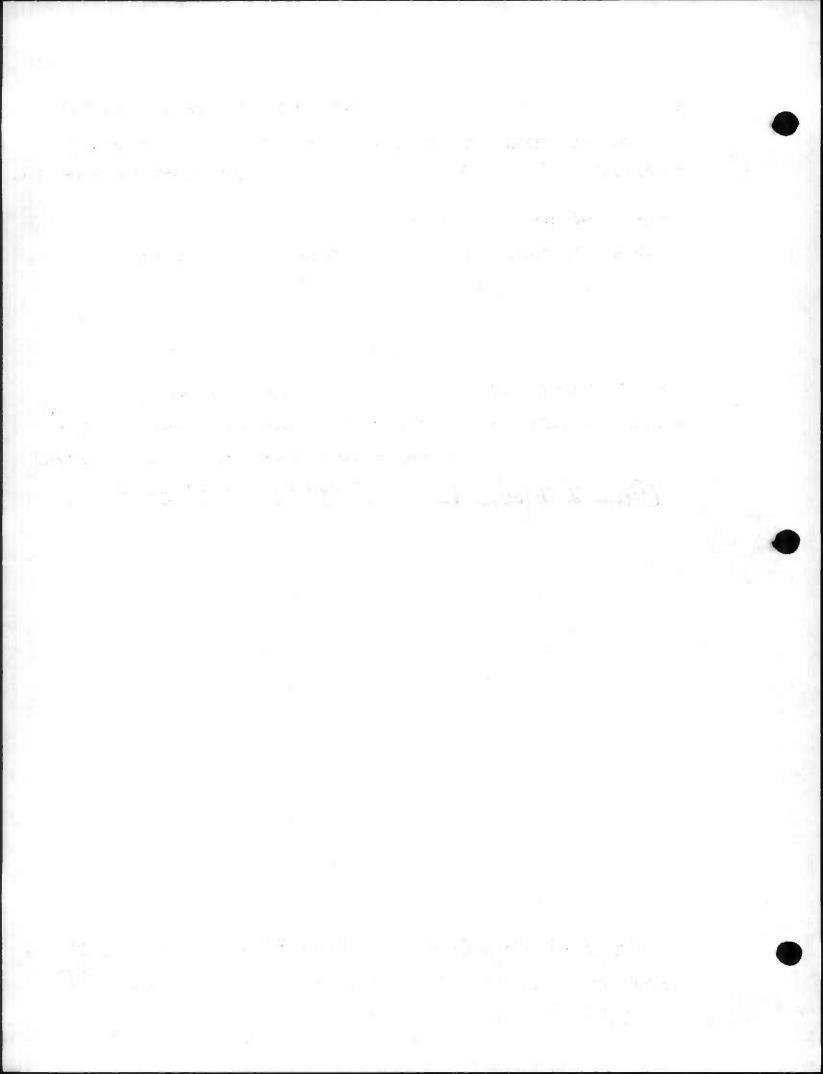
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п	Director		5//-22-0142	□M 2\XF 74	Yrs.		7.00.0	July 1	2,1922	Virg	inia
	pue *		Usual Residence of Decedent 10e. Stete 10b. County	10c. C	City, Town or Loc	cation				10	Od. inside City Limits
	/enyle	ō			•	t Height	.s			1	1 ☐ Yas 2 🛣 No
	the A	ect	10e. Street and Number	3		10f. Zip Code			10g. Citizen of N	What Count	
	pemit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "naturel", or items 23s or 28s-f show my injury or other traumatic event, the Medical Exercine must be notified at 2008.	Funeral Director	2514 Roslyn	Avenue		20747	7			S.A.	иут
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Baltimore,	it. P urtme vrtem injury		4 Donetion 5 Other (Specifical Signature of Funeral Service Liber	200			eterans Coress of Facility Lo		cal Homo	Tna	
Ba	pemit. Pege Department of important: If any injury or once.		1/2/////								Md 20735
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n N	0 0	Certification:	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju		28d. Describe	how Injury occur	red	
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Division	or A after Direc	artif	4 ☐ Homicide determined	28e. Plece of Injury - At building, etc. (Spec	nome, term, stre elfy)	et, factory, office	•	City or To	(Streat end Numb wn, Stete)	oer or murai	r Houta Number,
_	pital ours eral filled		29a. Certifier 1 Certifying Ph	vsician: To the best of my kn	awladaa daath	courred at the t	ima data and place	and due to the	anung(a) and my		atad
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edical	(Check only 2 Medical Examone)	Iner: On the besis of examinand mannar stated.	ation end/or Inv	astigation, in my	opinion, deeth occu	rred et the time	, dete end plece,	end dua to	the causa(s)
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State of Maryland / Department of Health and Mental Hygiene 96

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	niner	4a Faallia Nieses (If and books also also	treet end number)			4b. City, Town, or Lo				-020 11	
		SHADY GROVE A	DVENTIST HO	SPIT	ΔT.	ROCKVIL	T.F	MON	TGOM	TEDV	
Funer	al	5. Social Security Number 6. Sex		www.	If Under 1 Year	If Under 24 Hrs.					ian
Direct	_	220-30-9081	M 2□ F 65	Yrs.	Months Days	Hours Min.	8. Dete of Birt (Month, De April 7	y, Yeer) - 1931	Washi	ace (Stete or Forei ry) ngton, D	- C
ТО		Usual Residence of Decedent						, -,,,	MUDIT	ngcon, b	. 0
ylan		10a. State 10b. County	10c. City	, Town or I	ocation				10	d. Inside City Limit	ts
Mar Mar	1	Maryland Frederic	k M	onrov	ia					1 ☐ Yes 2 X ☐ N	10
r 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhat Count	ry?	
3a o	9		rothers Road		21	770		Amoria	200		
deatl	Funeral	11. Marital Status	2. Was Decedent Ever in U.	S. 13		dispanic Origin? (Span, Mexican, Puerto	ecify Yes or No-	Americ 14. Race	e - Americe	n Indien.	
The street	12	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2X No				Rican, etc.)		k, White, e		
21215-0020 d within 72 hours after death with the Maryland gjene. Then 'neturel', or freme 28a or 28a-f show then 'neturel', or theme 28a or 28a-f show the Madical Examiner must be notified at	2	3 ☐ Widowed 4 ☐ Divorced	if Yes, Give Year or Dates:		1 ☐ Yes 2Ã No	Specify:		Specify	Whi	te	
2 ho	Completed	15. Decedent's Educ	ation	16a. Dec	edent's Usuel Occup	pation		16b. Kind of Bu	siness/Ind	ustry	
T C 0 M	pie	(Specify only highest grade Elementary/Secondary (0-12)		(Giv	e kind of work done DO NOT use retire	during most of work d)	ing				
and 2121 be filed within ttal Hygiene. Ind other than event, the Me	5	12	Coilege (1-4or 5+)	1	Farmer			Farmi	ne		
nd 2	BeC					18. Mother's Name	e (First, Middle,				
arylan should be nd Mental marked o	ToB	Franklin Upton G	ladbill			т.	T 0	,			
Maryland d 2 should be file lith and Mental Hy 7 is marked othe traumatic event	-	19a. Informant's Name/Relationship (Type		19b. Mai	ling Address (Street	end Number or Run	L. Gri	r City or Town	State Zin	Code) 01770	
Nore, Marylis ges 1 and 2 should nt of Health and Mer if Item 27 is merke or other traumetic		Mildred J. Gladhil	1 - Wife								1
re, M 1 and 1 Health lem 27 I		20a. Method of Disposition	20b. PI	ace of Disc	osition (Name of	ll Brother	Date Date	20c. Location -			_
altimore, mit. Pages 1 ar partment of Hea portant: If Item 2		1 ⊠ Burial 2 □ Cremation 3 □ Re			ematory or other ple						
Baltimore, permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other		4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service License				st Cemeter	ry 10/22	Damasc	us, M	laryland	
Ba Department	DUC	21. Signature of Porterial Service Charles	1 1 -11		22. Name and Addre	olesworth:	P.A.	Funeral	Home		
		23a. Pert1. Enter the disease, or complice shock or heart failure. List only on	olesworth	- 2	26401 Rids	ge Road, I	Damascus	Maryl	and	20872-0	111
		23a. Pert1. Enter the disease, or complic shock, or heart failure. List only one	etc ns that caused the death a x use on each line.	. Do not er	nter the mode of dyir	ng, such as cardiac	or respiratory ar	rest,		Approximete Intervai Between	
Physicia	_		. 1	0						Onset end Death	
/Medica		Immediate Cause (Final disease or condition	171	POX	1A				6	5 HOURS	2
LAGITHITE		resulting in death)			equence of):		-1) 110010	-
P #	a e		LU	NG	CAN	CER				3 MONTI	HS
and trans	Examiner	Sequentially list conditions,	Due to (or	as a conse	quence of):						
de e e e e e e e e e e e e e e e e e e		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury							i		
ox 68760, certificate be executed ding physician and se as the bunal-transit	edical	that Initiated events resulting in death) Last	Due to (or	as a conse	quence of):						-
ng p	Mec										
0 = = = =		d.									_
. 0 00	Physician	Part II. Other significent conditions contr	ibuting to death but not resul	ting In the	underlying cause giv	ren In Part I.	23b. Dld t	obecco uae con	tribute to	the cause of deeth	h?
HECOTIS, P.O. The law requires that the tte has been signed by th page 2 should be detache	Ě						101	res 2 No	3 Proba	ably 4 Unknow	wn
S the	by										
Kecords, ne law requires t a has been signe							24e. Was 8	an autopsy	24b. Wer	e autopsy findings	;
V v v	Set						репог	med?	com	liable prior to pletion of cause eath?	
The law ate has page 2	Completed						400	-5/			
	Ö						1 □ Y		1 🗆	Yes 2□ No	
	m	25. Was case referred to medical axaminer?	spital:		oth Oth	26. Plece of Death					
JIVISION OF for Attending Physication of attendenth. Director: After this din by the funeral di	2	1 Yes 2 No	1 3√Inpatient 2 LE	R/Outpatie	INT 3LI DOA	4 Li Nursing Hol		ence 6 Othe			
SION tending P death. tor: After the funer	S.	1 Netural 5 ☐ Pending	(Month, Dey Year)	28b. Time o Injury	Wor		280. Describe n	ow injury occurre	30	,	
VISIO Attendil death. ctor: A y the fu	Cat	2 Accident Investigation 3 Suicide 6 Could not be	on- District Live Av.			Yes 2 No	006 1 10 10				
or A witter Direction by	Certification:	4 Homicide determined	28e. Place of Injury - At hor building, etc. (Specify)		reet, factory, office		City or Tow	itreet end Numbe n, State)	ir or Hurei	House Number,	
pital prai		00-0-10-1									
DIVISIO To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the fi	edicai	29a. Certifier 1 Certifying Phyelo (Check only one) 2 Medical Examine	clan: To the best of my know r: On the basis of exemination	iedge, deel on end/or ir	th occurred at the tin evestigation, in my o	ne, date end place, a pinion, deeth occurr	and due to the c ed at the time, c	euse(s) end mar late end place, a	ner as sta nd due to t	ted. the ceuse(s)	
the the	Mec		end manner stated.		20- Li			od Data da			
5.₹ 5.8		29b. Signature and title of certifier	11. 1	11	29c. Licens			29d. Date signed			
		tosym M	HAggerly 1	41)	0	3240	/()CTO Be	R2	0 + h 1991	6
		30. Neme and eddress of person who com	11'		, Print)	IICAL (ex			2	0850	
			66erry MIS	9-	707 MED	ICAL (CA	TER DR	ROCK	ville	MD	
	tate	31. Date filed (Month, Day, Year)	32. Registrar's Signatur	ire P	1.11						
Regis	trar	OCT 2 1 199	0.		wangs						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** GARBER, Jr. Thomas Hollingsworth October | 31, 1996 7:40 A.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1324 Mulberry Court Frederick Frederick Hours Min. 8. Data of Birth (Month, Dey, Feb. 4, If Under 1 Yaar 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 1 □ M 2 □ F Months Days 46 230-74-6230 Washington D. C. Director Usual Rasidance of Dacedent Pages 1 and 2 should be filed within 72 hours effer death with the Maryland nent of Health end Mental Hygiene.
int: If Item 27 is marked other than "natural", or items 23s or 28s-1 show 10a. Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director Maryland Frederick Frederick 1 Yes 2 □ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 1324 Mulberry Court 21703 U.S.A. Funerai 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Detes: 11. Maritel Status Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: White Be Completed by 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadent's Education 16b. Kind of Business/Industry (Spacify only highast grada complated) Elementery/Secondary (0-12) Coilage (1-4or 5+) 3 Musical entertainer Entertainment 7 is marked other traumatic event, 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Surnama) Thomas H. Garber, Sr. P Lessie Deel Garber Sutherland 19a. Informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) nt of Health e If item 27 is or other tra Karen Kennedy Garber 1324 Mulberry Court, Frederick, Md. 21703 20b. Pleca of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Othar (Specify) Smithsburg Crematory Nov. 1, 1996 Smithsburg, Maryland 21. Signature of Funaral Sarvica Licensee 22. Name end Addrass of Facility M00021 Keeney and Basford Funeral Home Part 1. Enter tha disaasa, or complications that caused tha daath. Do not antar tha moda of dying, such as cardiac or respiratory arrast,

Approximata Approximata Intarvel Batwean Onset and Death **Physician** immadiate Cause (Final disaasa or condition rasulting in death) /Medical we Examiner Dua to (or as a consequence of): Physician/Medical Examiner mu161 p1 -6 000 The law requires that the deeth certificate be executed use as the buriel-tran Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseese or injury that initiated evants resulting in daath) Last Dua to (or es e consaquance of): P.O. Box 68760, orleganal. Dua to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detact 1 Yee 2 No 3 Probably 4 Unknown Records, þ paga 2 should 24b. Wera autopsy findings eveilable prior to complation of causa of deeth? Completed 24a. Was an eutopsy performad? peen s certificate has 1 Yas 2 No 2 No 1 🗌 Yas Division of Vital Attending Physician: Be 25. Was casa referred to medical axaminar? 26. Placa of Deeth (Check only ona) Othar: 4 Nursing Home 5 Residanca 6 Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA this spital or Attending Physhours after death.

neral Director: After this y filled in by the funeral di 27. Mannar of Daath 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Netural 1 ☐ Yas 2 ☐ No 2 Accidant 3 ☐ Suicide 6 Could not be daterminad 28a. Plece of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completely filled in Medical 1 Cartifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and plece, end dua to tha cause(s) end mennar es stated.
2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, dete end placa, and dua to the causa(s) and manner statad. 29a. Certifian 29b. Signatura and titla of certifiar 29c. License number 29d. Date signed (Month, Day, Year) D14626 November 1, 1996 30. Nema end eddrass of person who completed cause of daath (Itam 23e) (Type, Print)

P. Gregory Rausch, M.D., 501 West Seventh Street, Frederick, Maryland 21701

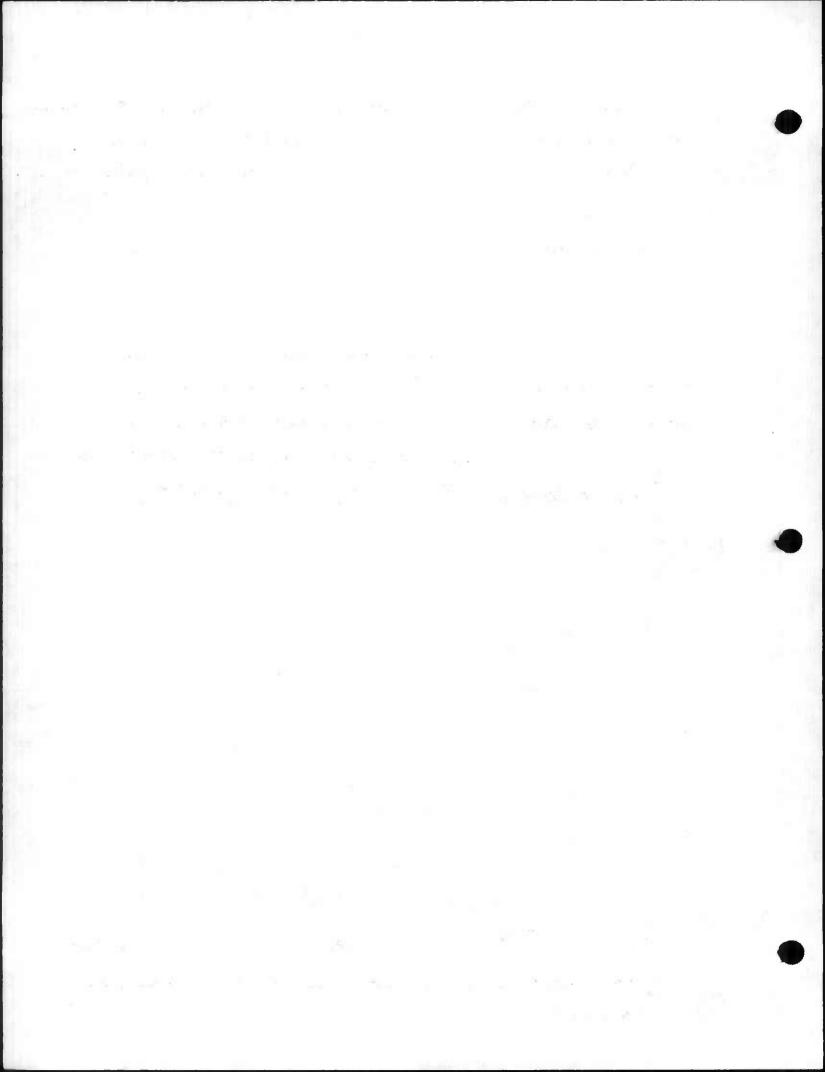
32. Redistrar's Signatura

State Registrar

31. Data filed (Month, Day, Yaer)

1996

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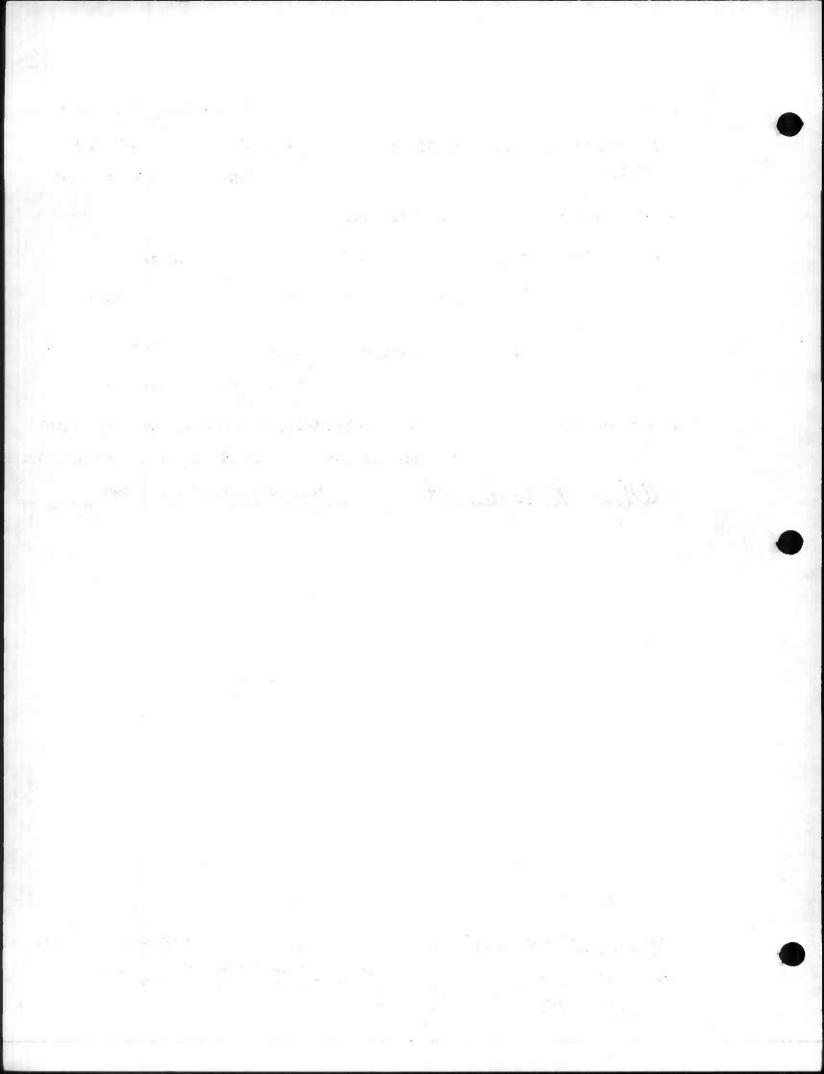
State of Maryland / Department of Health and Mental Hygiene 34032 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of the **Physician** Month Gue 1625 Irvin October, 26, 1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner SHADY GROVE ADVENTIST HOSPITAL KUCAVILL
6 Sax 7. Age (In yrs. lest birthday) If Under 1 Year If Undar 24 Hrs.
Months Days Hours Min. ROCKVILLE MONTGOMERY 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Funerai Birthplaca (State or Foreign Country) 1**™** M 2□ F 213-44-7009 Yrs. Director 88 August 28, 1908 Maryland Usual Residence of Decedent with the Maryland 10a. State 10h. County 10c. City, Town or Location r 28a-f ahow 10d. Inside City Limits ahow Florida Pinellas St. Petersburg 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? mast be r 4008 25th Avenue, North American 12. Was Decedent Ever in U,S. Armed Forcas? 1 1 Yes 2 □ No if Yes, Giva or items 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11 Maritai Status the Medical Examiner Pages 1 and 2 should be filed within 72 hours after 1 ☐ Naver Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Dates: WWII natural', Completed 15. Decadent's Education (Spacify only highest greda completed) 16a. Decadent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) U.S. Postal Service Assistant Postmaster other Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Department of Health and Mental Important: If Item 27 is marked of any injury or other traumatic even Jesse M. Gue 2 Elsie Viola Brandenburg 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) John P. Gue - Son Baltimore, 21110 Goshen Road, Gaithersburg, Maryland 20882 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ₺ Burial 2 ☐ Cremation 3 ☐ Removal from State 10/30 Damascus Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Damascus, Maryland 20872 21. Signatura of Funeral Servica Licansee 22. Nama and Address of Facility Olin L. Molesworth, P.A., Funeral Home 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause in each line. 20872-0117 Interval Betwaen Onset and Death Physician /Medical immediate Cause (Final meumomo disaase or condition resulting in death) Examiner Due to (or as a consequence of): Cance The law requires that the death certificate be executed Due to (or as a consequenca of): Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last P.O. Box 68760, the attending physician Physician/Medical Due to (or as a consaguanca of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco usa contributa to the ceuse of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably ☐ Unknown Division of Vital Records, þ Deliance Heart Prolase Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Athlinocollerotre Vascular Piscase
25! Was case referred to medical examiner? 1 Yas 1 ☐ Yes 2 ☐ No or Attending Physician: Be 26. Piece of Death (Check only one) examiner? Hospital: 1 Inpatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 27. Manner of Death 28c. injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After t 1 Natural 2 Accident 5 Pending investigation within 24 hours after death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 6 4 Homicide TS Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only the 29b. Signature and title of cartifier 29c. Licensa number 29d. Data signed (Month, Dey, Year) Douglas & Sleender 10 October 27,1996 127301 30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) (155 W) AND DOUGLAS R. SHUMANTE MD. ROCK VILLE MONTOPHERY AUX.

State Registrar 31. Date filed (Month, Dey, Year) 1996

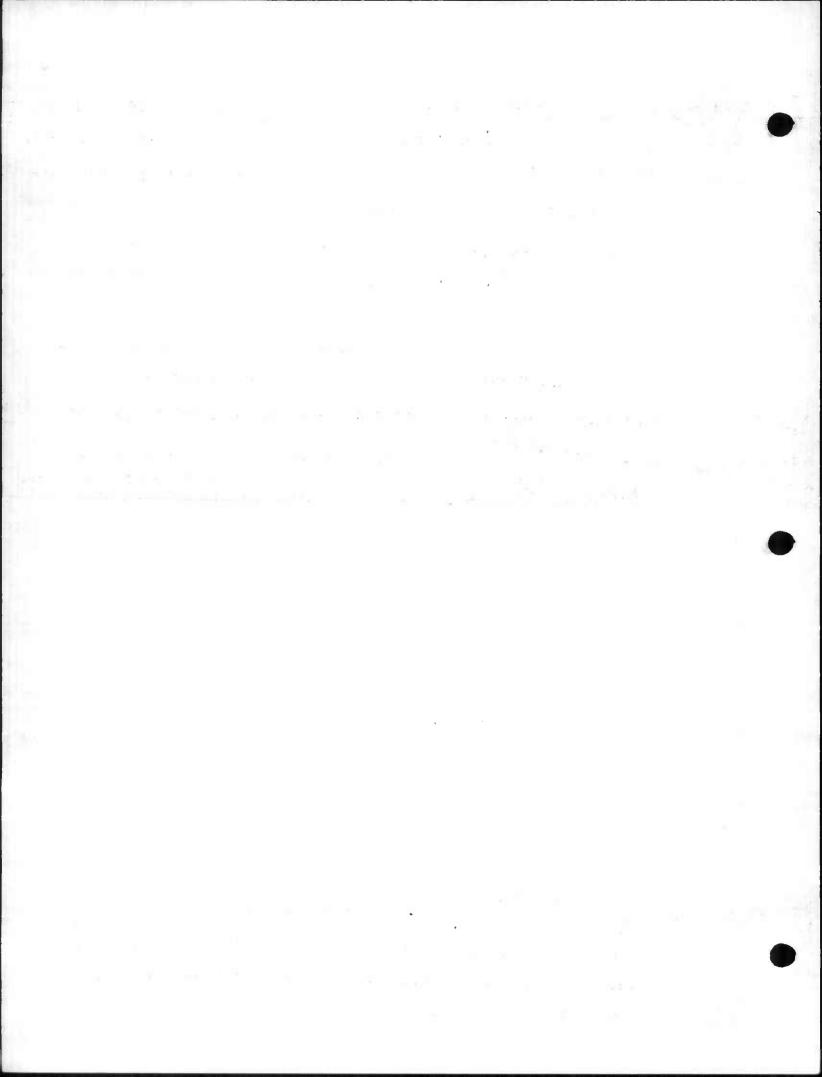


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State of Maryland / Department of Health and Mental Hygiene o

			Certificate of Death		Reg. No.	34033						
	Physic	ian	Decedent's Name (First, Middla, Last)	2. Dete of De Month	eth	3. Tima of Death						
	/Medi		Raymond Grant	Oct	13°, 19							
7	Exami	ner	4a. Facility Name (If not institution, give street end number) Malcolm Grow USAF Medical Center	Location of Death	,	Deeth ce George's						
Н	Funeral	-	5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs	8. Data of Bir								
в	Director		225288130 1\(\overline{\text{X}}\)M 2□ F 93 Yrs. Months Days Hours Min.	8. Data of Bin (Month, De Oct 2.	y. Year) 5 1902	9. Birthpleca (Stete or Foreign Country) Virginia						
	end wo		Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location			10d. Insida City Limits						
	h the Merylend r 28a-f show	to	MD Pr. George's Forestville			1 ☐ Yes 2 ☐ No						
	within 72 hours after deeth with the Meryland ane. than "natural", or items 23s or 28s-f show hs Medical Examiner must be notified at	Funeral Director	10e. Street and Number 7420 Marlboro Pike 10f. Zip Code 20747		10g. Citizen of Wh	nat Country? S A						
	er der Herne Der m	une	11. Marital Stefus 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedant of Hispanic Origin? (S	ipecify Yes or No to Rican, etc.)	- 14. Race Black,	- Amarican Indian, White, afc.						
020	urs aft	by	1 Never Married 2 Married 1 Yes 2 No Hyes, Give 1 Yes 2 No Specify: Year or Dates:		Specify:	Black						
5-0	72 ho	Completed	15. Decedent's Education (Specify only highest grada completed) [Give kind of work done during most of work done during	rkina	16b. Kind of Busi	iness/Industry						
121	within ine. than	ğ	Elementary/Secondary (0-12) College (1-4or 5+) R College (1-4or 5+) Laborer	g	Groce	ry Store						
d 2	Hygie Hygie other t	ပိ	17. Fether's Neme (First, Middle, Last) 18. Mothar's Nar	na (Firşt, Middle,	Meiden Sumama, Iythe							
/lan	Aentel Aentel riked o	To Be	June Grant	osie F	lythe							
, Maryland 21215-0020	and 2 sho leith and N 127 is me or traume		19e. Informant's Name/Relationship (Type, Print) Ellen Harris, daughter 2104 Allison Dr.	Chesa	peake,V	A 23325						
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Heelth and Mentel Hyglane. Important: if item 27 is marked other than "natural", or items 23s or any injury or other traumatic event, the Medical Examiner must be once.		20a. Method of Disposition 1 Burial 2 Cremation 3 Memoval from State 4 Donation 5 Other (Specify) 20b. Placa of Disposition (Name of cametery, crematory or other plece) Severn Bapt Ch Cem	Date 0 / 1 6		n, NC						
Balt	permit. Departr Importa		21. Signefure of Fugeral Sarvice Libraries 22. Name end Address of Facility G		Funeral xandria							
			23a. Pert1. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one ceuse on each line.	or respiratory e	rresf,	Approximete interval Between Onset and Death						
7	Physician /Medical Examiner	23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) Acute Fatal Arrhythmia										
		iner	Due to (or as e consequenca of): Coronary Artery Disease		20-30 yrs							
, 0,	ificate be executed g physician end as the buriel-transit	edical Examiner	Sequenfially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or es e consequence of):									
Box 68760,	E 00 66		that initiated events rasulting in death) Last Dua fo (or as e consequenca of): d.									
	The law requires that the death certained hes been signed by the attending page 2 should be detached for use	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.	23b. Did 1	obacco use contr	ribute to the cause of death?						
P.0	hat the od by ti		Congestive Heart Failure, Recent episode	10	Yes XXNo 3	B Probably 4 Unknown						
Records,	uiras ti signe ld be	d by	of Aspiration Pneumonia	24a Was	an autopsy	24b. Were autopsy findings						
COL	w require s been si should	Completed			rmed?	avallable prior to complation of cause of death?						
Re	sician: The law cartificate hes b lirector, page 2 s	omi		101	res 2 No	1 ☐ Yes 2 ☐ No						
Vital		Bec	eyaminar/	ath (Check only o	ne)							
of	hysic this co	T _o	1 ☐ Yes XCXNO Hospitel: 1 ☐ Inpatient 2X ☐ ER/Outpatlent 3 ☐ DOA Other: 4 ☐ Nursing H	7	dence 6 □Other							
ou o	ding P. After I	tlon	27. Menner of Death ∑ Netural 5 □ Pending (Month, Day Year) Accident investigation 28a. Date of Injury 28b. Tima of 1njury at Work? 1 □ Yes 2 □ No	28d. Describe I	now Injury occurred	d						
Division	or Attendation of Director:	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, streef, factory, office building, etc. (Specify)	28f. Location (S City or Tox		or Rurel Route Number,						
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this cardific completely filled in by the funeral director.	edical C	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, death occurred et the time, date end piece 2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time, date end piece 2 Medical Examiner: On the best of my knowledge, death occurred et the time and the time and the	, and due to the irred et the time,	ceuse(s) end menr date and place, an	ner as stated. d due to the cause(s)						
	To th Vithir To th comp	Me	29b. Signature and title of certifier 29c. License number	mp	29d. Dete signed	(Month, Day, Year)						
			Mulud (Tarsen, MD DO 2237	112	10/	15/96						
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Richard A. Farson, MD 12825 Old Fort Rd	Ft Was	hington	, MD 20744						
	Sta	te	Richard A. Idroom, 112									
	Registr		31. Date filed (Month, Dey, Yeer) NOV 1 3 1996 32 mistrals Signature Andell									



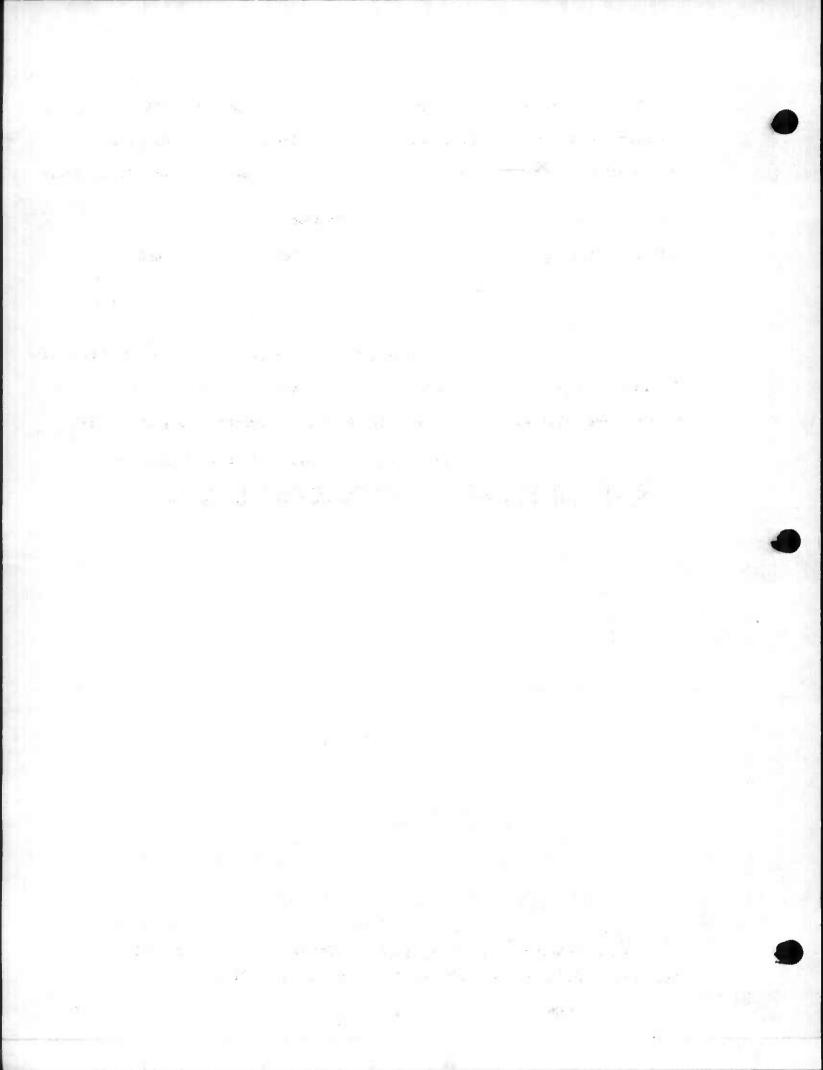
State of Maryland / Department of Health and Mental Hygiene 96 34034

						Cei	rtificate o	f Death		F	Reg. No.		0,00,			
	Dharaia		1. Decedent's Neme (First, Middle, La	st)					2	2. Dete of Dee		Voor	3. Time of Death			
	Physic /Medi		Michael Anthony Gray							November 1. 19		Yeer	220 7 AM			
	Exami		4e. Fecility Neme (If not institution, give					4b. City, To		tion of Deeth		of Deeth				
			1591 Highland Terra				Wat a said	St. Lec			Calver	t				
	Funeral Director				ige (In yrs. lasi 40	t birthdey) Yrs.	If Under 1 Yea Months Dey		24 Hrs. 8	Date of Birth	2, Year 1956	9. Birth Mar y	plece (Stete or Foreign Tand			
	pue M.		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, T	Town or Lo	ocation						10d. Inside City Limits			
Maryland 21215-0020	the Mary 28a-f sho rottfied a	ector	Maryland Calver	t	St. L	. Lecrard					1 ☐ Yes 2√21					
	ath with 123a or 3	Funeral Director	1591 Highland Terrao	е		10f. Zip Code 20685					10g. Citizen of Whet Country? United States					
	be filed within 72 hours after death with the Marylend tal Hyglene. d other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified at	by	11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 □ Widowed 4 🍎 Divorced	H Von China			U.S. 13. Wes Decedent of Hispenic Origin? (Spif Yes, specify Cuban, Mexican, Puerto 1 ☐ Yes 2 ☒No Specify:			PRICAN, etc.) 14. Hace - A Bleck, V Specify 17.						
	filed within 72 h Hygiene. ither than "natu ent, the Medical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)			16a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired)			t of working							
d 2	Hygie ther t		17. Fether's Neme (First, Middle, Last,)	Tefa		epair man		are Name /	refrige						
lan	ed be	o Be	Frederick Walter Gra		,					ne <i>(First, Middl</i> e, Meiden Sumen ginia Hampton		110)				
Mary	d 2 should be th end Mental 7 Is marked or traumetic eve	T o	19e. Informent's Neme/Reletionship (19b. Mailir 1591 H	ng Address (Stree Lichland T	et end Numbe	er or Rural I	Route Numbe	or, City or Town, State, Zip Code) Carry Land 20685							
ē	Heal Heal John 2		20a. Method of Disposition		20b. Plec	e of Dispo	sition (Neme of			Dete	20c. Location -		own, Stete			
Baltimore,	permit. Peges 1 end 2 Department of Health e Important: If item 27 is any injury or other tra- once.		1X Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specification)	y)	3	Marlb		ery Nove		, 1996	Lower Ma	rlbon	o Maryland			
Bal	Departiment Important In Inc.		21. Signature of Formeral Service Licensee 22. Name and Address of Facility Rausch Funeral. Home PA													
			4405 Broomes Is. Rd. Port Republic Maryland 20676													
	Physician	8 8	23e. Part1. Enter the diseasa, or complications that caused the deeth. Do not enter the <i>m</i> ode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Deeth													
2	/Medical		Immediete Cause (Finel diseese or condition	in-14	Holy his Himphore					3 (3 michs				
	Examiner		resulting in deeth)	uence of):	nce of):			2 (110-1112								
	D 15	in a		, Osco	MANUE	mo	1 Church	unky	Synd	(one		i	1 1601			
	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, Due to (or as e consequenca of):													
9	be e sician burie	ie H	Sequentially list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or Injury that Initiated events													
x 68760,	E 00	Medical														
Box	es thet the deeth cer igned by the ettendin be deteched for use	Physician/														
P.O.	y the d	ysi	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco use contribute to the cause of						
	thet ped by dete	y P							1 Yes 22 No 3 Probably			bably 4 Unknown				
Division of Vital Records,	v requir been s should	Completed b	eted b	eted b	leted by							<u></u>	24a. Wes a perfor		av cc	/ere eutopsy findings /eilable prior to ompletion of cause death?
Re	The la									1 🗆 Y	es 2 No		□Yes 2□No			
ita	fulfica ctor, p	Be C	25. Wes case referred to medical					26. Place	of Deeth (Check only or						
2	Physician: rthis certific rai director,	To	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 ☐ Inpat	lent 2 ER	/Outpetien	nt 3 DOA	other: 4 ☐ Nu	ırsing Home	5 Resid	ence 8 🗆 Oth	er (Speci	fy)			
iono	Attending Pt or deeth. ector: After the by the funera	ation:	27. Menner of Deeth Naturel 5 Pending Accident Investigation	28a. Dete of Inj (Month, De	ury ay Year) 28	ry 28b. Time of 28c. Injury et				28d. Describe how Injury occurred						
Divis	Hospital or Attending 124 hours after deeth. Funeral Director: After stely filled in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be				ome, ferm, street, fectory, office 28f. t			f. Location (Street end Number or Rural Route Number, City or Town, State)						
	To the Hospital or Attending Physician: The law within 24 hours after deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical C	29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Exam	ysician: To the best niner: On the basis of end menner s	of examinetion	dge, deeth end/or Inv	n occurred at tha vestigetion, in my	tima, dete en opinion, dae	d plece, end th occurred	d due to the c at the time, d	ausa(s) and ma lete end plece,	annar as s end due t	stated. o the cause(s)			
	To the Vithin 2 To the Complete	Me	29b. Signeture end title of certifier	5	\			nse number			29d. Dete signe					
		-	30. Neme end eddress of parson who	completed cause of	death /Item 22	la) (Tunn		46314		IN	bvenber '	1, 195	70			
			Dr. Pomilla 120 Hos		,			nd 20678	3							
	Sta	te														
	Registr	ar	NOV 01	32. Regist	di Dave	clear-A	ardall			- Y						
	ALL 40 D 45	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/												



State of Maryland / Department of Health and Mental Hygiene

			17EM#6 PER F.H. 12			Certificate of			eg. No.	96	34035		
ı	Physic	ian	Decedent's Name (First, Middle, L	,				2. Date of Dea Month	th Day	Year 3.	. Time of Death		
	/Medi	cal		arine		ELSBERGER		Nov. 1	, 1996		9:40 P		
	Exami	ner	4a. Facility Name (If not institution, gi Garrett County			4b. City, Town, or L		4c. County					
-	· ·				nospital ge (In yrs. lest birth	day) If Under 1 Year	Oaklar If Under 24 Hrs.	8. Date of Birth	Garı		/Ct-t		
21215-0020	Funeral Director		190-05-4508 Usual Residence of Decedent	1 M STAF	90 Yr	Months Days		Jan. 1,	Year)	Pennsy	(State or Foraign lvania		
	/land		10a. Stata 10b. County		10c. City, Town	or Location				10d. I	Inside City Limits		
	the Marylar 28a-f show	ţò	MD Garr	ett		Swa	anton				1 ☐ Yes 2 No		
	ith the	ie	10e. Street and Number			10f. Zip Code	-	1	0g. Citizen of	What Country?			
	th will	<u>e</u>	390 Glen Cove R	oad			21561		USA	4			
	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Heelth and Mental Hygiene. If Item 27 is marked other than "natural", or items 23a or 28a-f show or other traumetic event, the Medical Examination to notified at	Funeral Director	11. Marital Status 1 ☐ Never Married 2 ☒ Married	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☒ If Yes, Giva	Ever in U,S.	13. Was Decedent of I		ecify Yes or No- Rican, etc.)	Bla	ce - American Ir ck, White, etc.	ndian,		
	hours ural',	d by	3 Widowed 4 Divorced	Year or Dates:		1 ☐ Yes 2 ☑ No	эреспу.		Specif	White			
	d 2 should be filed within 72 hand Mental Hygiene. 7 Is marked other than "nat traumatic event, me Medic	Be Completed	15. Decedent's E (Specify only highest gi	ducation eda completed) Collaga (1-4or	(6	16a. Dacedent's Usual Occupation (Give kind of work dona during most of work lifa. DO NOT use retired)			16b. Kind of B	f Business/Industry			
	Hygie ther t	ပိ	9 17. Father's Nama (First, Middle, Las	P)	Gen	neral Supe:					ruction		
an	d be sental	Be	William	,	lesberge	_	18. Mother's Nam	e (First, Middle, I		,			
Maryland	shoul nd Me mark	2	19a. Informant's Name/Relationship			lailing Address (Stree	Emma	ral Route Number	Ot	-	(a)		
	Heelth a lem 27 Is		Mary A. Gindlesb			Glen Cove							
J.	S 1 a		20a. Method of Disposition		20b. Placa of D	isposition (Name of cramatory or other ple				City or Town,			
Baltimore,	Page nent int: If		1 Burial 2 Cremation 3 [4 Donation 5 Other (Speci	∃Removal from Stata fy)		Co. Mem.	1	11/4/96	Oakland	1 MD			
	permit. Pages 1 and 2 Department of Heelth a Important: If Item 27 is any Injury or other tra once.		21. Signature of Funeral Service Lice	nsee	0	22. Name and Addre		27 17 20	ouktuiit	1, 110			
	90 E 2 9		Rielle A	20 1 Toco	χ	Stewart E	Funeral Ho	ome Oakland	MD 2	1550			
	Physician /Medical Examiner Acute Anterioral Myocardial Infarct Due to (or as a consequence of):							Inte Ons	proximate prval Betwean sat and Daath 48 hours				
	rificate be executed ng physician end es the bunal-transit	Examiner		b. ————		,							
Ć,		Еха	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury		Due to (or as a cor	nsequence of);							
68760,	ite be nysicië ne bu	Physician/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	C	cDue to (or as a consequence of):								
	E 00	Mec	Med	Med	resulting in death) East								
Box	requires that the death cer seen signed by the attendin hould be detached for use	lan/		d									
	es that the designed by the au	ysic	Part II. Other algnificant conditions	contributing to death b	ut not resulting in th	e underlying ceuse gi	ven in Part I.	23b. Did to	bacco uae co	ntribute to the	cause of death?		
P.0	hat the		Congestive Heart	Failure.	Sigmoid	Diverticul	ocic	1 □ Y	s 2 No	3 Probably	y 4 Unknown		
ds,	sign Id be	d by			01811010	DIVETLICUI	UBIS	24a. Was a	n autoney	24h Were a	utopsy findings		
Record	2 S S	Completed	Arthritis					perform		avallabi	le prior to		
a F								1 □ Ye	s 2× No	1 □ Yes	s 2 No		
Vital	Physician: The this certificate ral director, peg	Be	25. Was cese referred to medical axaminer?	Hospital:		l ou	26. Placa of Daati	h (Check only on	9)				
ō	this aldi	- T	1 ☐ Yas 2 ☑ No 27. Manner of Death	1 X Inpatia 28a. Date of Injur		mant 3L DOA		ma 5 ☐ Rasida					
rision	Attending For death. Sector: After by the funer	Certification:	1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant investigatio 3 ☐ Suicide 6 ☐ Could not b	(Month, De	te of Injury onth, Dey Yaar) 28b. Time of injury M 28c. Injury at Work? 1 Yas 2 No				28d. Describe how injury occurred				
	Ital or Attendurs after death		4 Homicide determined	building, etc	c. (Specify)	street, factory, office		City or Town	(Street end Number or Rural Route Number, own, Stete)				
	To the Hospital or / within 24 hours after To the Funeral Direct completely filled in L	ledical	29a. Certifier fCheck only one) 1	ysician: To the best of niner: On the basis of and manner sta	of my knowledge, d examination and/o ated.	aath occurred at the tir r Investigation, in my o	ma, data and place, opinion, death occurr	and due to the ca ad at the time, da	usa(s) and ma ita and place,	nner as statad and due to the	ceuse(s)		
	To t to t	Σ	29b. Signature and title of certifier	_1	/	29c. Licens	se number	29	d. Date signe	d (Month, Day,	Year)		
	1 E E		Mars	wes of	Vier 1	D2	6650		11/2/9	6			
-		8	30. Name and addrass of person the		eath (Item 23a) (Ty	pe, Print)	kland, MD	21550					
			Dr. Margaret (Kái 31. Date filed (Month, Day, Yeer)			TOO Ua.	rand, ID	71770					
8	Sta	te	NOV 0 9		ar's Signatura								

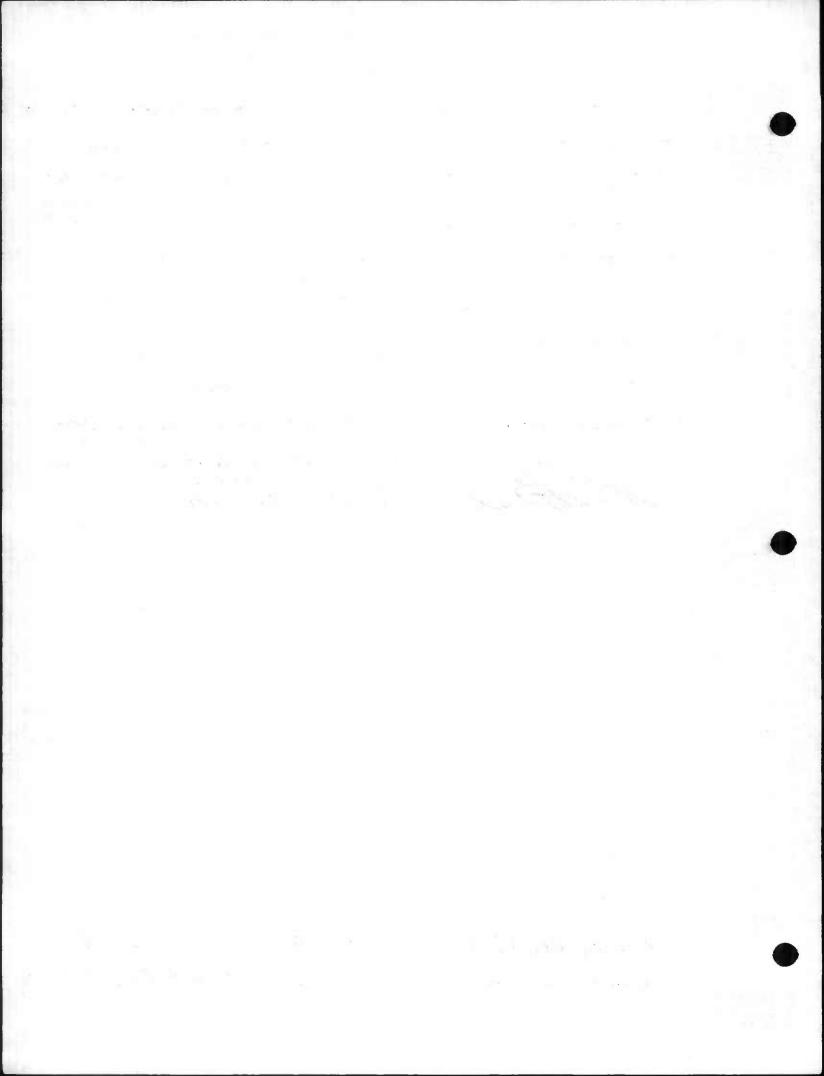


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

9	6	3	4	0	3	6

						Coll	neate of	Dealli	F	leg. No.				
П	Physici	an	1. Decedent's Name (First, Middle, L	*					2. Date of Dea Month	th Day	Year	3. Time of Death		
	/Medi		WILLIAM GTOTT						October			5:45 AM		
	Examir		4e. Fecility Neme (If not institution, g.	ive street and number)				4b. City, Town, or	Location of Deeth	4c. County	of Death			
-			Holy Cross Hosp					Silver	Spring	Mon	tgome			
	Funeral			4E M 0F F	(In yrs. last birt	A	If Under 1 Year Months Deys	if Under 24 Hrs Hours Min	8. Date of Birth (Month, Dey	, Year)	9. Birth	plece (Stete or Foreign ntry)		
	Director	ăl .	146-18-1515 Usual Residence of Decedent	.A	73	Yrs.			Oct. 6,	1923		Jersey		
	and w		10a. State 10b. County		10c. City, Town	or Locat	tion				1.	10d. Inside City Limits		
	Very fah	ō	New Jersey Ocean		David alla							ty⊡ Yes 2 No		
	the 288	Directo	10e. Street and Number		Brick 10f. Zip Code 10g. Citizen of Whet (What Cou	ntn/2		
	with your	0	255 Quadara Boule	word			08724			USA	VVII.01.000	,		
	Seeth 22	Funeral	11. Maritei Stetus	12. Wes Decedent Ev	er in U.S.	13. Wa		Hispanic Origin? (9	Specify Yes or No-		e - Ameri	cen Indian,		
0	fler	Fur	1 Never Married 2 Married	Armed Forces? 1 X Yes 2 No		r in U,S. 13. Was Decedent If Yes, spacify (to Rican, etc.)	Ble	ck, White,			
21215-0020	urs e	þ	3 ☐ Widowed 4 ☑ Divorced	If Yes, Give Year or Dates: WW II			Yes 2⊠ No	Specify:		Specify	v: W1	hite		
2-0	2 should be filed within 72 hours efter deeth with the Meryland sand Mentai Hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic avent, the Medical Exertinet roughbe notified at	Completed	15. Decedent's E (Specify only highest g.	Education	16a.	Deceden	t's Usual Occu	pation during most of wo	and the sec	16b. Kind of B	usiness/In	ndustry		
21	ithin en	nple.	Elamantary/Secondary (0-12)	College (1-4or 5+)		life. DO	NOT use retin	ed)	King					
	w ed w	S	12	4+		En	gineer			Enviro	nment	tal		
pu	d oth	Be	17. Father's Name (First, Middle, Las						me (First, Middle,	Meiden Suman	ne)			
Z	Men Men arke	ပို	Vincent Groff					Blanch	e Dadson					
Maryland	2 sh and ls m		19a. Informant's Name/Raletionship			_		t end Number or R				o Code)		
	is 1 and 2 should be filed within 72 hours effer death with the Merylar of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic avent, the Medical Experient must be not ed at		Carolyn Zeiler /	Daughter				ow Drive				20878		
0	H to the		20a. Method of Disposition 1⊠ Burial 2 ☐ Cremation 3	cemeter	y, cramet	Disposition (Neme of crametory or other piece) Washington M.P. 10/30/96 Paramus								
Baltimore,	t. Pertent:		4 Donation 5 Other (Spe		George	Was	hingtor	n M.P.	10/30/961	Paramus	, Nev	w Jersey		
Bal	permit. Peges 1 end 2 Department of Heelth s Important: If item 27 is any injury or other tra once.		21. Signature of Funeral Set Ice Lice	ansae .		22. N	lame end Addr 68 Kind	ess of FacilityVo. erkamack	lk-Leber	Funera	ineral Home			
	46240		11 regel	Tiente		0:	radell.	New Jer	sey 0764	9				
B			23a. Part1. Enter the disease, or cor shock, or heart failure. List only	nplications that ceused to y one cause on each lim	Te death. Do n	r ot enter t	the mode of dy	ing, such es cardia	c or respiretory en	est,		Approximate Intervel Between		
	Physician /Medical Examiner		immediate Cause (Final	1) _			ed and			1	Onset and Death		
			disease or condition resulting in death)	a	7179 4	ere	pra 1	DIEREC			1	3 Months		
		ē		D:	a. Intracerebra Bleed 3 Months Due to (or as a consequence of): Motor Vehicle accident									
		Examiner	min		b. Due to (or es e consequence of):									
ó	lew requires that the death certificate be assocuted as been signed by the ettending physician end a 2 should be deteched for use as the burlet-transit		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that intiliated evants resulting in death) Last	Di	10 (00 0 00 00 00 00 00)									
68760,	ysicie	icai	Cause (Disease or Injury that initiated evants	C	Due to (or as a consequence of):									
68	ntifica ng ph as th	Med	resulting in death) Last							i				
30X	th ce endir	an		d										
. B	that tha death ed by the ette deteched for			Physician/Medical	Pert ii. Other significant conditions	contributing to death but	not resulting in	the unda	arlying cause given in Part I. 23b. Did			d tobacco uss contribute to the cause of death?		
P.0	at the				1 Vss Dano 3 P							3 🗌 Pro	bably 4 Unknown	
s,	es tha igned be del	by						1						
Records,	v require been si should	Completed							24a. Was e	n eutopsy med?	94	fere autopsy findings		
ec	has b										of	ompletion of ceuse death?		
=	T ag								1□Y	es A No	11	☐ Yes 2☐ No		
of Vital	ysician: The s certificate director, pag	Be	25. Wes cese referred to medical examiner?	26. Place of Death (Check only one)										
)t	Q 50 X	T _o	1 Yes 💯 No	Hospital:	2 ER/Out	tpatient	3LI DUA		Home 5 Resid			fy)		
Ē	g je je	on:	27. Manner of Death O☐Natural 5 ☐ Pending	(Month, Day Year) Injury Work?					28d. Describe h	e how injury occurred				
Sic	Attending ir death. ector: After by the fune	cat	2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not	ne	A				006 1					
Division	or Attendii efter death. Director: A i in by the fu	Certification:	4 Homicide dataminad	208. Place of injury						n (Street and Number or Rurel Route Number, Town, Stete)				
	ours ours oral filled		29a. Cartifier 12 Certifying P	hysician: To the best of a	my knowledge	death or	curred at the t	ime date and place	and due to the o	auco(s) and m	0000100	et et et		
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edical		miner: On the basis of ex	xamination and	Vor Invas	tigation, In my	opinion, death occi	urred at the time, o	late and place,	and due t	o the ceuse(s)		
	ro th rithin ro th		29b. Signature and title of certifier	4 7			29c. Licen	se number	2	9d. Date signe	d (Month,	Dey, Year)		
			Calan D	amour M	n		043	3496		10.	28	96		
	6		30. Name and addrass of person who	complated cause of dea	th (Item 23a) (Type, Pri	nt) O >	1	R-		?	C.A		
4	LY		29b. Signature and title of certifier CLCAN D 30. Name and addrass of person who Morrown D 31. Date filed (Month, Day, Year) OCT 2 9 15	KHALID	88	30-	Sim	502	Come	EN C	ous	r silvespy		
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrer	s Signature	አጋ. ø	.00							
	Registr	ar	OCT 2 9 19	196 Julia	wavedson-	-Mana	Q.C.La							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O Communication (Control of Mental Hygiene O Communication)

				State of Ma	ai yiai		ertificate of		Mentarriy	Reg. No.	34	037
В	Physici	an	1. Decedant's Nama (First, Middla, La	•					2. Data of De Month	eath Day	Yaar 3.	Tima of Death
ı.	/Media	al	DONNA ISABEL GRI						OCT	29	1996 13	325 (PM)
	Examir	er	4a. Facility Nama (If not institution, giv NATIONAL NAVAL ME		n en			4b. City, Town, or				
-	E	_	5. Social Security Number 6. S			last birthday		BETHESDA	MD S. 8 Date of Ri		OMERY	(Ctoto or Formian
e.	Funeral Director			□M 2X F	78	Yrs.	Months Days			1918	Michiga Michiga	(Stata or Foraign
	ehow	7	10a. Stata 10b. County			ty, Town or I	ocation					nsida City Limits
	the N	Funeral Director	Maryland Prince Geo	rge's	Bow.	1e	104 7:- 0-4-			40- 000 11		Æ183 2□140
	with void	ī	2513 Kitmore Lane				10f. Zip Coda	715		10g. Citizan of V United		
	death	era	11. Marital Status	12. Was Decedent B	evar in U	,S. 13			Specify Yas or No		e - Amarican in	dian,
Maryland 21215-0020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "naturel", or items 23a or 28e-f show eumatic event, the Marginal Examinet must be notified at	by Fur	1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yas 2 N If Yas, Giva Yaar or Datas:	lo		if Yas, specify Cu 1 ☐ Yas 2 🛱 No	Hispanic Origin? (: ban, Maxican, Pua Specify:	rto Rican, atc.)	Specify Specify	ck, Whita, atc.	
<u>ب</u>	72 hor	ted	15. Decadant's Ed	lucation		16a. Dec	edant's Usual Occi	pation	atri.	16b. Kind of B	usinass/industry	,
2	ithin 7	Completed	(Specify only highast gra Elemantary/Secondary (0-12)	da complatad) Collega (1-4or 5	+)	lifa.	DO NOT usa retir	a duning most of wo ed)	orking			
2	ygian ygian nt, tre	Соп	12	5+		arti	st			own bus		
anc	the find H off	Be	17. Fathar's Nama (First, Middla, Last)					100.00	oma (First, Middle		na)	
2	hould Me mark mark	To	Alton Cole Murray 19a. Informant's Name/Relationship			19h Mai	ling Address /Stra	EUTITICE et and Number or F	Isabel I		State 7in Cod	a)
E S	nd 2 s lith ar 27 le		Harold R. Griffit		ı		-	Lane, Bo				9)
re,	f Haa ftam: othe		20a. Mathod of Disposition			_	position (Nama of ematory or other pl		Data		City or Town, S	Stata
Ë	Paga nat: If iry or		1 ☐ Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification 5 ☐	Ramoval from Stata			ke Crema		10-31-96	Beltsvi	lle Ma	rvland
Baltimore,	permit. Pagas 1 and 2 should by Department of Haalth and Menta Important: if Itam 27 is marked any Injury or other treumstic as once.		21. Signature of Funarai Sarvice Licen	S00		1	22. Nama and Add	rass of Facility				
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DIVISION	or Attending P safer death. I Director: After the in by the funerations.	Certification:	27. Manner of Death 1 Natural 5 Pending 2 Accidant invastigation 3 Suicida 6 Could not be		Year)	28b. Tima injury	W	ury at ork?] Yas 2 [] No	28d. Dascribe	how injury occur	red	
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	To the Hospital of within 24 hours at To the Funeral D completely filled I	edical	29a. Cartifier (Check only one) 1 Certifying Phyone 2 Medical Example 1	rsician: To the best of iner: On the basis of and mannar state	axamina	wledge, dea tion and/or i	th occurred et that nvastigation, in my	tima, data and plac opinion, daath occ	e, and dua to the urred at tha tima,	cause(s) and ma data and place,	nnar as stated. and dua to tha	causa(s)
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2			30. Neme and eddrass of person who o		-		-		Visconsi			
4	-642	20	J. E. Brown, M.D. 31. Data filed (Month, Day, Year)					er Bethes	sda, Mar	yland 2	0889	
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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						Certifica	ate of	f Death		Reg. No.	30	04	030
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	and w		Usuei Residence of Decedent 10a. Stete 10b. County	_	10c. City, T	own or Location						10d. Insid	e City Limits
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Maryland	to be the post	Be	17. Fether's Neme (First, Middle, La.	•				18. Mother's Ne		, Meiden Sui	neme)		
Ĕ	Mer Marke Marke	2	EUGENE C. GOTT,					MARY LU					
<u> </u>	le sh le m		19e. Informent's Neme/Reletionship			19b. Meiling Addre	ess (Stree	et end Number or R	ural Route Numb	er, City or To	wn, Stete, Zip	Code)	
	f and fealth m 27		CISSEL GOTT COLL 20e. Method of Disposition	INS, DAUGHT	ER :	2405 DEXT	TER A	AVE., SIL	VER SPR	ING, M	2090)2	
altimore,	Peges nent of H		1 Burial 2 Cremetion 3	☐Removel from Steta	cema	atery, cremetory of	r other pl	1	Dete	20c. Locati	on - City or To	own, Stati	a
	tant:		4 Donetion 5 Other (Spec	**	MT.	COMFORT (NDRIA,		
g	permit. Pages 1 and 2 should be filed Department of Health and Mentel Hyg Important: If item 27 is marked other any injury or other traumatic event, once.		21. Signature of Funeral Service Lic	ensaa				LER'S SO		5130	WISCO	NSIN	AVE.,
r			23a. Part . Enter the disease, or co sheck, or heart failure. List on	mplications that caused	tha death. I					errest,		Approxi	mete Between
Ē	Physician			, one oddae on oom iii							ļ	Onset a	nd Deeth
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DOX	death ce le attendi ed for use	Physician/		d									
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	d by	Ph	Renal Failure						1	Yee 20 1	lo 3 Pro	bably	l 🗌 Unknown
	the se	b	Meliar Parrate										
DIVISION OF VITAL RECORDS,	lew requiras that the death ce les been signed by the attendi 2 should be deteched for use	Completed								an autopsy ormed?	av	are eutopraliable prompletion deeth?	sy findings for to of causa
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5	£ = =		27. Menner of Deeth	28a. Dete of Injur (Month, Dey		b. Time of	28c. Inju	2121	28d. Describe		4-1	y)	
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			Barry N. Rosenba				Aven	ue Kensir	igton, M	arylan	d 2089	5	
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Item5 12-24-96 FilmG742 W.H.Per Informant Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 34039

						(erun	cate of	Death		Reg. No.		
ľ	Physic		Decedent's Neme (First, Midd ROBERT	(le, Last) GAND	AT.					2. Dete of D Month OCTOBE	Dey	Yeer 6	3. Time of Death 4:30 PM
	/Medi Examir		4a. Facility Neme (If not Institution	on, give street end no	um <i>ber)</i>					or Location of Dee	th 4c. County	of Deeth	
			MANOR CARE	+				la da a d V	BETHESI		MONTO		
	Funeral Director		5. Social Security Number 509-03-2568 495-01-2657	6. Sex 1X M 2□ F		yrs. lest birth	Mo	Inder 1 Year oths Deys		in. 8. Dete of Bi	ARY 5,191	9. Birthpl	eca (Stete or Foreign ISSOURI
	pug *_		Usuel Residence of Decedent 10e. Stete 10b. County	/	100	c. City, Town	or Location	7				10	Od. Inside City Limits
	e Maryli Se-f aho	ctor		NTGOMERY			VILL	Ε					1⊕ Yes 2□ No
	th with the	ai Dire	10e. Street end Number 1801 JEFFER	RSON STREE	ET AP	т #208	10	f. Zip Code 20852			10g. Citizen of V unite	What Count ed St	my? ates
020	ges 1 and 2 should be filed within 72 hours effer death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or hems 23a or 28a-f ahow or other traumatic event, the Medical Examinar must be incuffed at	by Funeral Director	11. Meritel Status 1 Never Merried 2 Mar 3 Widowed 4 Divorced	H Vec G	orces? 2⊠No ive	In U,S.		Decedent of I specify Cub es 2KI No		(Specify Yes or N erto Rican, etc.)	o- 14. Reca Blec Specify	a - America k, White, e . WHI	etc.
Ö	2 hou	3	15. Deceder	nt's Education		16e. D	ecedent's	Usuel Occup	petion	710.0	16b. Kind of Bu	siness/Ind	ustry
21215-0020	filed within 7 Hygiene. ther then "n ent, the Med	Completed	(Specify only higher Elementery/Secondery (0-12)	est grede completed,		EX	Give kind of the DO N ECUT	of work done OT use retire IVE	during most of word)	vorking	SHOE MA	ANUFA	CTURER
Maryland 2	should be filed and Mental Hyg a marked other turnatic event,	To Be C	17. Fether's Neme (First, Middle, NATHAN GAN)	, Last) DAL					18. Mother's N JEN	lame (First, Middle NIE AREN	. Maiden Sumem	e)	
	t end 2 should Health and Mealth		19e. Informent's Neme/Reletions SONIA GANDA								ber, City or Town, #208 ROCI		Code) E MD 20852
Baitimore,	permit. Pages 1 end: Department of Health Important: If Item 27 any injury or other tr once.		20a. Method of Disposition 1 Buriel 2 Cremetion	3 D Romovoi from		b. Plece of D	disposition cremetor	(Neme of or other ple	ice)	Dete	20c. Location -		
Eim	permit. Pages 1 Department of F Important: If ite any injury or ot		4 Donetion 5 Other (S	Specify)	1 31616	SHEFFI	ELD	CEMETE	RY	10/28/9	6 KANSA	S CIT	Y, MISSOUR
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0,	e exectan ar lan ar urial-ti	Ex	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events			(į	
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ta		Be C	25. Wes case referred to medica	il l					26 Place of D	Deeth (Check only	one)		1165 20110
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	ding Phy. h. After thi funeral		27. Menner of Deeth 1 Naturel 5 Pendii	28a. Dete		28b. Tin	ne of	28c. Inju Wo			how injury occurr		,
Division	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be	a of Injury ling, etc. (Sp	At home, fem					(Street and Number own, Stete)	er or Rurai	Route Number,
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) HA	MME	STT	M	D	Da	966		OCT.	27,	1996
	15		30. Name and address of person CAROLYN HAMMET	TT - 6111				- ROC	KVILLE,	MARYLANI	20852		
	Sta Registr		31. Dete filed (Month Day, Yeer	1996 32. F	Registrer's S	igneture widson	Pandes	2					

	Amende	d #	10c, 10/31/96, J.		Cty.	Certifica	ate of	Death		Reg. No.		1040
п	Physic	ian	1. Decedent's Nama (First, Middle, Li	_		C 0			2. Data of De Month	ath Day	Year	3. Time of Death
	/Medi		JOSEPH A.			JR.			007030	2 29,	1995	9-17
	Examii	ner	4a. Facility Name (If not institution, gir	va street and number,)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
			Laurel Regional					Laurel			e Geor	ge's
	Funeral		and the second s	Sax 7. A	ge (In yrs. last b	Month	dar 1 Yaar	if Under 24 Hrs. Hours Min.	8. Data of Bir (Month, Da	h v. Year)	9. Birthpiac	e (State or Foreign
	Director		578-09-8026	CUM ZUF	82	Yrs.			May 4,			chusetts
	pue *		Usuai Residence of Decedent 10a. State 10b. County		100 City To	wn or Location					404	In side Otto I Inside
	anyle show	<u></u>			Silve						100.	. Inside City Limits
	Sa-f	Director	Maryland Montgome	ry	Siv	ler Spr	ing					1 ☐ Yes 2 ☑ No
	ih th	D C	10e. Straat and Number			10f.	Zip Code			10g. Citizen of V	What Country	?
	23a	100	14816 Harvest La	ine			209	05		USA		
	hours efter deeth with the Maryland tural', or Items 23a or 28a-f show at Examinet must be notified at	Funeral	11. Marital Status	12. Was Decedent Armed Forcas	Ever in U,S.	13. Was De	cedent of F	lispanic Origin? (Sp an, Mexican, Puarto	ecify Yes or No	- 14. Rac	e - American ck, White, etc	
0	of the	Ī	1 ☐ Never Married 2 ☐ Married	1⊠Yas 2□			25 No	Specify:	, , , , , , , , , , , , , , , , , , , ,	Specify		
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5	22	Completed	15. Decedent's E (Specify only highest gr	ducation a <i>de completed)</i>	16	a. Decedent's U (Give kind of	work done	during most of worl	dna	16b. Kind of Br	usiness/Indus	itry
21		du	Elementary/Secondery (0-12)	Coilege (1-4or	5+)	life. DO NO	use retired	d)				
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E P	N T D	Be	17. Father's Name (First, Middle, Las	")				18. Mothar's Nam	e (First, Middle,	Maiden Suman	ie)	
yla		To	Diego Galvagna					Maria	Longo			
Maryland	and and sering		19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailing Addr	ess (Street	and Number or Ru	ral Route Numb	er, City or Town,	State, Zip Co	ode)
			Joan M. Mason		1	4816 Ha:	rvest	Lane Si	lver Sp	ring, Ma	ryland	20905
ore	of Heel		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐	7.D	20b. Place	of Disposition (/ ery, crematory o	Vama of		Data	20c. Location -		
Ĕ			4 □ Donation 5 □ Other (Speci			of Heav	ren Ce	meterv	0/31/96	Silver	Spring	g,Marylan
Baltimore,	permit. Pag Department Important: If any injury o		21. Signaturary Funeral Service Lice	nsee		22. Name	and Addra	ss of Facility			-	, inary ran
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ν	_		23a Part V Enter the disease of con	polications that cause	d the death Do	1500 Ut	niver:	sity Blvd	or respiratory a	lver Sp		D 20901 pproximate
	Discolaton		23a. Part / Enter the disease or con shock, or hear failure. List only	one cause on each I	ine.	o not enter the n	lode of dyn	ig, such as cardiac	or respiratory a	1031,	in	iterval Between
	Physician /Medical		immediate Cause (Final	0			/					
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	ted nsit	Examiner		b. 121	C(12)	7	m	con for	MII	me	1	725
-	and al-tra	xai	Sequentially list conditions, if any, leading to immediate		Due to (or as a	a consequence o	of): /	SEPHOTIC	LES 1	CC1737		
68760,	ficete be executed g physician and es the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	c. /	20020	JC	CNE	n Dis	ELSE.		i	Jens 5
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	res that the de- signed by the e be detached f	/sic	Part ii. Other significant conditions of	contributing to death b	out not resulting	in the underlyin	g cause giv	ven in Part i.	23b. Did	tobacco uae co	ntribute to th	ne cause of death?
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ita		Be	25. Was case referred to medical	,				26. Plece of Dee	th (Check only o	nne)		
>		0	examiner? 1 Yes 2/3 No	Hospital:	ant 2 ER/C	Outpatient 3	DOA Oth	er: 4 Nursing H	ome 5 Resi	dence 6 Oth	er (Specify)	
of	a Physical diseased di	n: T	27. Manner of Death	28a. Date of inju		Time of	28c. injur Wor			now injury occur		
0	Aft.	tio	1, □Naturai 5 □ Pending 2 □ Accident investigatio		iy rear)	injury M		Yes 2 □ No				
Division	i or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not b	28a. Place of In	jury - At home,	farm, street, fact	ory, office			Street and Numb	er or Rural R	louta Number,
ă	마마마마	ert	4 Homicide	building, et	c. (Specify)				City or To	vn, State)		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune	1	29a. Certifier 1 Certifying Pt	nysician: To the best	of my knowledg	e, death occurre	ed at the tir	ne, date and place	and due to the	cause(s) and me	nner es state	ed.
	P Fur etely	edical		niner: On the basis o	f examination a	nd/or investigati	on, in my o	pinion, daath occur	red at tha time,	date and place,	and dua to th	a cause(s)
	within 2 To the comple	№	29b. Signature and title of gentiles		1100		29c. Licens	e number		29d. Date signe	d (Month, Da	y, Year)
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			174	10	-3		11	- 1		0 (1,036	2 67	, 1776
	6+1		30. Name and address of person who				01	REC.	~	7 - 7		
			31. Date filed (Month, Day, Year)	MACGIAL 32 Pagiety		,		cec,		2078	00	
	Sta	te		32. Redistr	rar'a Signature	· .						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Year **Physician** INEZ HURST DOROTHY 4:50 pm 26 1996 October /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, giva street and number) 4c. County of Death **Examiner** 110 Main St. Secretary Dorchester 5. Social Security Number If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 9. Birthplaca (Stata or Foreign Country) Maryland 7. Age (In yrs. last birthday) **Funeral** 1□ M 25 F Days 217-28-3995 1910 85 Yrs. Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglane. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be not a done. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Dorchester Secretary 17 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21664 110 Main St. U.S.A. Funeral 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Dates: Was Decedent of Hispanto Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify: white ģ Specify: 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) food service manager public school system 11 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Royal Shaw Myrtle Henry P 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Victor E. Hurst Jr. - son P.O. Box 16, Hurlock MD 21643 20b. Pleca of Disposition (Nema of cematary, crematory or other plece)
Dochester Memorial Park 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 10 - 31Cambridge Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name end Address of Fecility Thomas Funeral Home PA 700 Locust St. Cambridge, MD 21613 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical metastatic Immediate Cause (Final in disease or condition resulting in death) Examiner Due to (ar as a consequence of): Examiner Hospital or Attanding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): attending physician for use as the buria Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the at Id be datached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evellable prior to completion of cause of death? Completed 24e. Wes en autopsy performed? peen : 2 No certificate 1 Tes 1 Yes 210 No 25. Was case referred to medical axaminer? Be 26. Place of Deeth (Check only ona) Hospital: Other: 4□ Nursing Home 5 Residence 6 □Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manger of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Panding investigation 1 WNatural within 24 hours after daath.
To the Funeral Director: Al
completaly filled in by the fu 1 TYe 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 Homloide 29a. Certifles Medical 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and be of certifier 29c. License number 29d. Date signed (Month/ Day, Year) 30. Name and address of person w completed cause of death (Itam 23a) (Type, Print)

State Registrar

OCT 3 0 1996

302 Collins Ave.

Marr DO.

31. Date filed (Month, Day, Year)

32. Registrar's Signeture

Hurlock MD 21643

BALTIMORE, MARYLAND 21215-0020

Should

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME /First Middle Lasti 2. DATE OF DEATH 1 9 9 6 OCT. HARVEST 1:20 PM Lillian Renee 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 1908 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 9 DAYS HOURS OCTOBE'R MAR 6 CENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CAROLINE DIRECTOR CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 101. ZIP CODE FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6 MARE 55 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE - American Indian, If yes, specify Cuben, Mexicsn, Puerlo Ricen, etc.)
t YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) DNE LOR 18. MOTHER'S NAME (First, Middle, Malden BE 19b. MAILING ADDRESS (Street and Number or Rural Roy 0 METHOD OF DISPOSITION 20a. METHOD DF DISPOSITION
1

↑ Burlal 2 □ Cremellon 3 □ Removal from State 20b. PLACE AND DATE DEDISPOSITION (Name of DATE Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Doore BBARL 23. PART I. Enler the disease, or complications that caused the death. Do not enler the mode of dying, such as cardiec or Approximats Interval Batween shock, or heart failure. List only one cause on each line Onagt and Death IMMEDIATE CAUSE (Final diseese pr condition DUE TO (DR AS A CONSEDUENCE DF): resulting in death) DUE TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentieily list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE I YES 2 CO OF DEATH? 1 YES 2 TONO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES _ NO _ UNCERTAIN _ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL OTHER: 1 YES 2 De 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 27, MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Netural

Accident INJURY 5 Pending Investigation 1 YES В 28e. PLACE DF INJURY — Al home, ferm, streel, fectory, office building, alc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the besis of exa ition and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D32036 10/23/1996 9

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SPROUSE

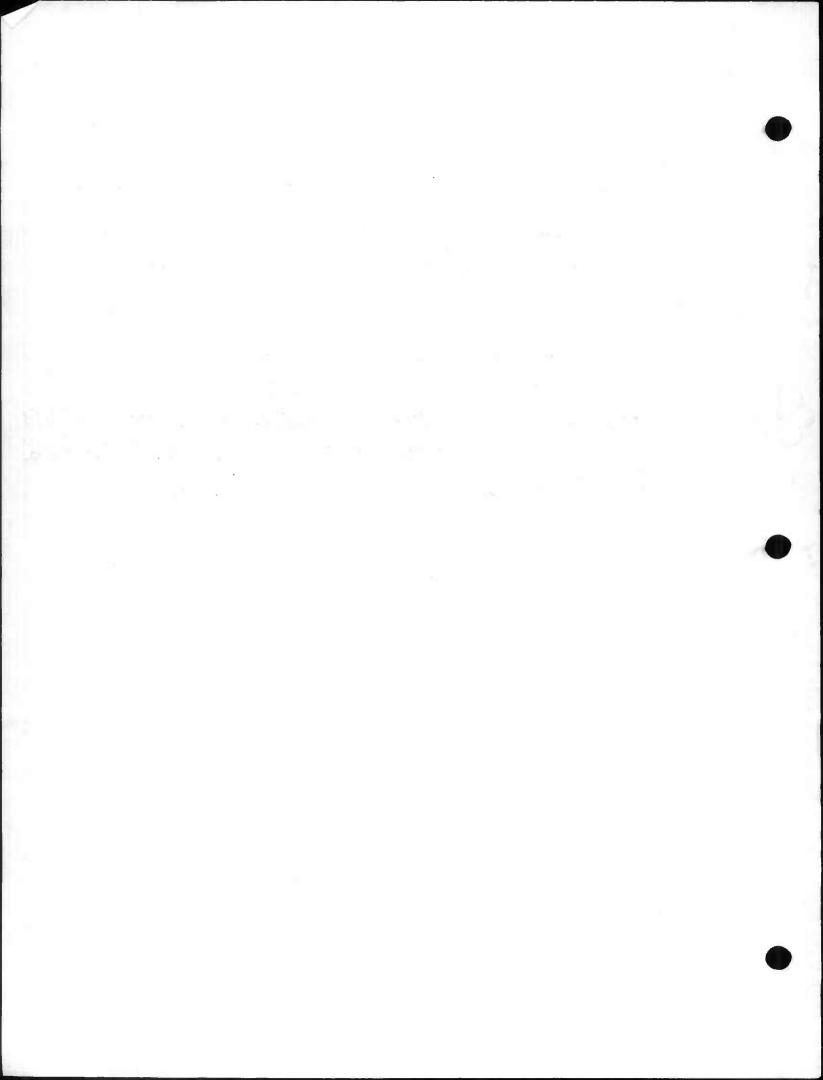
2108 RED APPLE PLAZA

CHESTER, MD 21619

31. DATE FILED (Month, Day, Year) 25 1996

GARY

32. REGISTRAR'S SIGNATURE
Jahi Dawlen-Randall



State of Maryland / Department of Health and Mental Hygiene 96 34043

					Cen	tificate of	Death		Reg. No		07040
	Physic	an	1. Decedent's Name (First, Middle, Last)		111	ct		2. Data of D Month		y Ye ar	3. Tima of Death
	/Medi Examir		4a. Facility Nama (If not institution, give streat and number)	10		2	4b. City, Town, o	r Location of Dea		County of Death	5:45 A.M.
Ī	Funeral Director		Mariner Health of 800. 5. Social Security Number 6. Sex 1 M 2 M F 45	s. last bin		If Under 1 Year Months Days	If Under 24 Hours Mi	8. Data of B		9. Birth	nplace (State or Foreign intry) 6744 AZ
	Marylend -f show	tor		ity, Towr		ation					10d. Insida City Limits 1\(\sqrt{\text{Y}}\) Yes 2 \(\sqrt{\text{No}}\)
	3a or 28a	i Director	10e. Street and Number 8501 SCHULTZ ROAD			10f. Zip Coda 20735				izan of What Cou	intry?
020	72 hours efter deeth with the Maryland natural; or items 23a or 28a-f show pical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Dacedent Evar In Married Forces? 1 2 S 20 No It Yas, Giva Yaar or Datas:	U,S.		as Decedant of H Yas, specify Cube	fispanic Origin? an, Maxican, Pue Specify:	Specify Yas or N irto Rican, atc.)		14. Race - Amer Black, White Specify:	, etc.
21215-0020	C * 6	Completed	15. Decedent's Education (Specify only highast grade completed) Elemantary/Secondary (0-12) College (1-4or 5+)	16a.	(Giva k	ant's Usual Occup ind of work dona O NOT use retired	durina most of w	orking	16b. K	Ind of Business/I	
land 21	be filed itel Hygi of other event, i	To Be Con	17. Father's Name (First, Middla, Last) UNAVAILABLE	EXI	ECUT	IVE SECR		ama <i>(First, Middl</i>		ERAL GOV	/ERNMENT
, Maryland	d 2 sh th end 7 is m traum	-	19a. Intormant's Name/Ralationship (Type, Print) CHARLES HAYNES SON			Addrass (Street	and Number or I				ip Code)
Baltimore,	8 5 2		20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State NC	Placa of	Dispos RN	ition (Name of	Çe)	Date 12 96	20c. Lo	NGTON,	
Ball	permit. Pages Department of Important: If i any injury or once.		21. Signatura of Funeral Service Licensee		W.	Name and Addre H. BACON 47 14TH	N FUNERA	N.W. WAS	SH, D	o.c. 200	10
100	Physician /Medical Examiner	ě	23a. Part1. Enter tha disease, or complications that caused the dea shock, or heart tailura. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to	(or as a	etne ton	r tha moda of dyir	ng, such as cardi	ac or raspiratory	arrast,		Approximate Intarval Between Onset and Death
Box 68760,	beeth certificete be executed extending physician end d for use as the burial-trensit	In/Medical Examiner	if any, laading to immediate cause. Entar Underlying Cause (Disease or Injury c,	(or as a c							
P.O. B	by the	Physician	Part II. Other significant conditions contributing to death but not ra	sulting In	the un	darlying cause giv	ven In Part I.		d tobacco		to the cause of death?
of Vital Records, I	sw requires is been sign 2 should be	Completed by	Systemic Lu	Sm		Engl	emetoi	24a. Wa	s an auto formed?	a	Vara autopsy findings vallable prior to completion of cause of death?
ital	는 용용	Ве Соп	25. Was casa ratarred to medical examinar?				26. Place of D	1 Ceath (Chack only		DLN6 1	Yes 2 No
Division of V	tanding Physical Cor: After this the funeral di	Certification: To	Hospital:	homa, fa	Fima of njury		4 LU-Mursing	Homa 5 Res 28d. Dascribe 28f. Location City or T	e how Inju	ry occurred	ral Routa Number,
۵	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical Cer	29a. Certifier (Check only 29 Medical Examiner: On the basis of axamin	owledge	, daath	occurred at tha tin	ma, data and pla pinlon, daath oc	ca, and dua to the	a causa(s)) and manner as	stated. to tha cause(s)
	To the within 2 To the I complet	Med	29b. Signatura and title of certifier	\wedge	<u></u>	29c. Licens		35		ite signed (Month	
	Sta		30. Nama and addrass of person who completed cause of death (Ite らいた トラスコロ といっとい いま 31. Data tiled (Month, Day, Year) 32. Registrar's Sign	(Type, P	. 1	is ~	73 2	074	-8	
	Registr	ar									

State of Maryland / Department of Health and Mental Hygiene 96 34044

					Cen	tificate of	Death			Reg. No.		101	
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	Examir		4a. Facility Neme (If not institution, give street end number)				4b. City, Tov						
			Anne Arundel Medical	Cent	er		Annap	olis		Anne	Arur	ndel	
	Funeral		5. Sociel Security Number 6. Sex 7. Aga (In yr.	s. lest birti	hday)_	If Undar 1 Yaar Months Deys		24 Hrs. 8 Min.	. Date of Bir (Month, Da	th V. Year)	9. Birthpled	e (State or Fo	preign
	Director		200-28-2068 HDM 20F	59 Y	rs.	WOILING DOY'S	riours			1937	PA		
	P .		Usuel Residence of Decadant 10a. Stete 10b. County 10c. C	City, Town		ation					140		
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	Ne M	Director			- 11 0	T							,1190
	Nith 1	늅	10e. Street end Number 473 White Plains Court			10f. Zip Code 2 1 1	1.6			10g. Citizan of V	Vhaf Country	17	
	s 23	ra											
	ar de Item	Funeral	11. Marital Status 12. Was Decedent Ever In Armed Forcas?	U,S.	13. W	es Decedent of Yes, specify Cub	Hispenic Orig sen, Mexican,	In? (Specif Puarto Ric	fy Yas or No can, efc.)		e - Amarican k, White, etc		
20	72 hours after death with the Maryland natural; or items 23s or 28s-f show deal Examiner must be notified at	by F	1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yas, Give Year or Detes:		11	□ Yas 2⊠ No	Specify:			Specify	. Wh:	ite	
21215-0020	tural	8	15. Decedant's Education	160	Decede	ent's Usuel Occu	netlon			16b. Kind of Bu	elnace/Indu	etn.	
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<u>a</u>	lid be lente ked ic ev	To B	Gerald J. Hall				Ann	Ε.	Jack	son			
ary	shound N	l-m	19e. Informent's Neme/Relationship (Type, Print)	19b.	Meiling	Address (Stree	t end Numbe	r or Rural F	Route Numbe	er, City or Town,	State, Zip C	ode) 2 1 1 d	46
Σ	aith e		Arlene K. Hall/wife							Severna			
J.	of He		· ·	Placa of	Dispos	ition (Name of		}	Dete	20c. Location -			
Ĕ	Page nent of nrt: If		1 ☐ Burial 2 ☑ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) M			remator	,		t 22	Baltim	ore.	MD	
Baltimore, Maryland	permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Marylan Depertment of Heelth and Mentel Hygiene. Important: if Item 27 Ia marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Modical Examiner must be notified at once.		21. Signature of Funerel Service Licensee)	22.	Nama and Addr	ess of Fecility	,	990				
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			23e. Part1. Enfar the diseasa, or complications that ceuse in the shock, or haart failure. List only ona ceuse on each	ath. Do n	of ante	r fhe mode of dy	ing, such es d	oardiec or r	Seve raspiretory a	rna Par	A	pproximata	
٠,	Physician	0.1	snock, or haart failure. List only one ceuse on eech									iterval Between Inset and Deat	
	/Medical		Immadiate Ceuse (Final disease or condition	stic		lung	Car	ner			I		
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o	he death the atter	Physician	Pert II. Other significant conditions contributing to death buf not re	sulting in	the und	derlying cause gi	iven in Pert I.		23b. Did	tobacco use cor	ntribute to th	e cause of de	eath?
P.O.	The law requires that the death ate has been signed by the atterpege 2 should be detached for a								10	Yee 2□ No	3 Probal	oly 4 Unk	inown
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on	ding Phy th. Aftar thi funerel	tlor	1 Netural 5 □ Panding (Month, Day Year) 2 □ Accident Investigetion		jury	28c. Inju Wo	ink?]Yas 2∐N			,,			
Division of Vital	or Attending Physician: efter death. Director: Aftar this certific i in by the funerel director,	fice	3 Suicide 6 Could not be determined 28e. Pleca of Injury - At	home, fer	m, straa	at, factory, offica		281	f. Location (Street end Numb	er or Rural F	Pouta Number,	
á	s efte	Certification:	4 Homicida datamined building, etc. (Spec	ify)					City or Tov	vn, State)			
	papita hours inera ly fille	- 1	29a. Certifier (Check only 2 Medical Examiner: On the basis of examiner	owledga,	deeth	occurred et tha ti	ma, data and	place, end	d due to tha	cause(s) end me	nner as stet	ed.	
	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical	(Check only one) 2 Medical Examiner: On the basis of axaminer and menner stated.	ation end	or inva	stigation, in my	opinion, deati	n occurred	et tha tima,	data end place, a	and due to th	e cause(s)	
	with To t	Σ	29b. Signature and title of certifier	0.0		29c. Licen				29d. Date signed			
			1 () 7 sol	M.	D.	D4	9465			10/20	196		
			30. Name end eddress of person who complated cause of deeth the	m 23e) (1	Гуре, Р	rint)		Å					
			Ann C. Maney, M.D., 900) (F	eut	gate	12050	AL	nnapo	10/20 M, colo	D 9	HOI	
	Sta	te	31. Deta filed (Month, Deta Year) 1000 32. Hagistrar's Sign	nature >	n .	W.		•	•				

State of Maryland / Department of Health and Mental Hygiene 96

96 34045

MD

21601

					C	ertificate of	Death	F	Reg. No.	, 0	04040
ſ	Physici	an.	1. Decedent's Name (First, Middle, La	st)				2. Date of Dea Month	nth Day	Year	3. Time of Death
	/Medi		ALICE	A. HARRISON	1			OCT.	23 19	96	8:09 PM
	Examir		4e. Fecility Name (If not institution, give	re street and number)			4b. City, Town, or I	ocation of Death	4c. County	of Death	
			THE MEMORIA	L HOSPITAL			EAST			TALE	OT
	Funeral Director		210 /1 1011	Sex 7. Age (In your 10 M 2√2 F 9 2		Months Days		8. Date of Birth (Month, Day AUG. 31	, Year) , 1904	9. Birthpl Count MAR	lace (State or Foreign try) YLAND
	pud .		Usual Residence of Decedent 10e. Stete 10b. County	100	City, Town o	r Location				44	and an elder Other blooms
	sho	5			Oity, TOWITO					10	0d. tnside City Limits 1 Yes 2 No
	the N	Directo	MARYLAND TALB	O.I.		TILGHMA	.IN		40 OH - 41	10.10	**
	A Mile	ក្	21551 CHESAPEA	KE HOUGE DI	TTTE	Tor. Zip Code	21671	1	10g. Citizen of \		iry r
	eeth	era	11. Marital Status	12. Was Decedent Ever in		3 Was Decedent of			US	e - America	en Indien
020	hours after deeth with the Merylend turet, or Items 23a or 28s-f show at Examiner must be notified at	by Funeral	1 □ Never Married 2 □ Merried 3 □ Widowed 4 □ Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:	0,0.	13. Was Decedent of if Yes, specify Cul 1 ☐ Yes 2 No.		Rican, etc.)	Specify	ck, White, e	
5	72 hours "naturel",	Completed	15. Decedent's Ed	ducation	16e. De	ecedent's Usual Occu	upation		16b. Kind of B	usiness/Ind	lustry
7	thin 7	pie	(Specify only highest gra	College (1-4or 5+)	- (G	ive kind of work done e. DO NOT use retir	ed) most of wor ed)	king			
7	filed within 72 Hygiene. ther than "nat	Con	11	Ò	RE	STAURANT	OWNER		FOOD	INDU	JSTRY
land	w = 0 5	Be (17. Father's Name (First, Middle, Last,				18. Mother's Nan	ne (First, Middle,	Maiden Surnan	ne)	
<u>×</u>	Men Men	2	SAMUEL GAR	VIN	,			SINCLA			
Mar	N 0 0 0		19a. Intormant's Name/Reletionship (ailing Address (Stree					
e,	f Health fem 27 other tr		LEVIN F. HARRI			551 CHES					
0	8 5 5		20a. Method of Disposition	Removal from State	. Place of Di cemetery,	sposition (Name of crematory or other plants	ace)	Date	20c. Location -	City or To	wn, Stete
baltimor permit. Pages Depertment of I	ment:		4 Donation 5 □Other (Specif	MAN,	MD						
	eper eper mpor ny In		4 □ Donation 5 □ Other (Specify) ST. JOHN'S CEMETERY 10/28 TILGHMAN 21. Signature of Funeral Service Licensee 22. Name and Address of Facility								
_	70 = 9 a	_	FELLOWS, HELFENBEIN & NEWNAM 200 S. HARRISON ST., EASTON,								21601
			23a. Part1. Enter the disease, or com shock, or heart tailura. List only	plications that caused the de ona causa on each lina.	ath. Do not	enter the mode of dy	Ing, such es cardiac	or respiretory en	rest,		Approximete interval Between
Ň	Physician		Since a Site Hills Free Street								Onset and Death
^	/Medical Examiner		immediate Cause (Final disease or condition rasulting in death)	a ARTERIOSO	CLERO	TIC CARD	IOVASCUI	LAR DIS	EASE		YEARS
		-	rasulting in death).	Due to	(or as e cor	sequence of):					
	pet list	Examiner		b. ———						1	
Bh.	tificate be executed ng physician end es the buriel-transit	xan	Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to	(or as a con	sequence of):					
09/90	sician burio		cause. Enter Underlying Cause (Disease or injury that initiated events	c							
000	ficate phy:	Medical	resulting in death) Lest	Due to	(or as e con	sequence of);					
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00	death certificate be e ettending physicia od for use es the bur	Cia	Dot it Other classificant conditions	and the sales of a sale for a sale	Ial 1- al-			and Black			
į	the c	Physician/I	Part it. Other significant conditions of	ontributing to death but not h	esuiting in th	e underlying cause g	IVen in Pert I.				the cause of death?
	thed the det	by P		<u> </u>				101	/ee 2□ No	3 Prob	ably 4 Unknown
cords	v requires thet the death cer been signed by the ettendir should be deteched for use	8						24a. Was a perfor	an autopsy med?	ava	re autopsy tindings illeble prior to appletion of cause
	The law ate has b pege 2 s	μĸ							• 🗖		leath?
	n: Ti ificate or, pe	ŭ	25. Was case reterred to medical				00 81	1 O Y	Λ	1111]Yes 2□ No
>	s cert	To Be	examiner? 1 ☑ Yes 2 ☐ No	Hospitei: 1 Inpatient 2	□ EB/Outoo	tient 3 XDOA O	ther	th <i>(Check only or</i> ome 5 ☑ Resid		as /Canaih	
5	Physical or this oral or	-	27. Manner of Death	28a. Date of injury (Month, Day Year)		e ot 28c. Inju		28d. Describe h		1.1.	/
VISION	ath. Afte	atio	1 Natural 5 ☐ Pending 2 ☐ Accident investigation		Inju		ork?]Yes 2 □No				
	al or Atte s after de f Directo d in by th	Certification:	3 Suicide 6 Could not be datermined	28e. Place ot injury - At building, etc. (Special	home, ferm,	street, factory, office)	28t. Location (S. City or Town	treat and Numb n, State)	per or Rural	Route Number,
	To the Hospital or Attending Physician: The law re within 24 hours after dealt with this 24 hours after dealt this certificate has bee completely filled in by the funeral director, pege 2 sho	edicai 0	29a. Certifler 1 Certifying Ph (Check only one) 2 Madical Exam	ystcian: To the best of my kinner: On the basis of examinend menner steted.	nowledge, de nation and/o	eath occurred at the t r investigation, in my	ima, data and place, opinion, death occur	, and dua to the c rred at the time, d	ausa(s) and ma late and place,	annar as sta and due to	ated. the cause(s)
	To th Withir To th	Me	200. Signature and title of certifier	24-1		29c. Licen	se number	2	29d. Date signe	d (Month, E	Day, Year)
		-	I Ital a.	Stons, 1	U.I	,	6804		10/	24/9	6
			30. Name and addrass of person who	completed causa of daath (It	em 23a) (Ty	oe, Pnnt)					

DAVID A. STOUT, M.D., MEMORIAL HOSP., 219 S. WASHINGTON ST., EASTON,

32. Registrar's Signature

State

Registrar

31. Dete tiled (Month, Day, Year)
OCT 2 8 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Data of Death **Physician** Joseph HERLIHY 30, 1996 William October 12:15 F.M. /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 6199 Viewsite Drive Frederick Frederick If Undar 24 Hrs.
Hours Min.

8. Data of Birth
(Month, Day, Y
NOV . 20, 5. Social Sacurity Number 6. Sex 1Å M 2□ F if Undar 1 Yaar 7. Aga (In yrs. last birthday) **Funeral** 9. Birthplaca (Stata or Foraign . 1935 Days 60 New York 106-26-7506 Yrs. Nov. Director Usual Rasidance of Dacedent the Maryland 10a, Stata 10b. County 10c. City, Town or Location r then "natural", or Items 23a or 28e-f ahow the Medical Examiner must be notified at 10d. insida City Limits Frederick Frederick 1 Yas 2 No Director Maryland 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or Items 23a or 6199 Viewsite Drive 21701 U.S.A. Funeral 11. Marital Status 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health and Mental Hygiene. Important: if tem 27 is marked other than "natural", or its any injury or other traumatic event, the Medical Examines page. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 if Yas, Giva 1953-1956 Yaar or Datas: 1 ☐ Yas 2 No Spacify: White by 3 Widowed 4 Divorced Completed 15. Dacadant's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry (Spacify only highast grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) I.B.M. Engineer 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be William Herlihy Anna Roger 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Numbar, City or Town, Steta, Zip Coda) Jean Herlihy, Wife 6199 Viewsite Drive, Frederick, MD 21701 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Nassau Suffolk Crematory Nov. 4,1996 Lake Ronkonkoma, N.Y. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licansaa Keeney & Basiord P.A. Funeral Home MO0703 106 East Church Street, Frederick, MD 21701 23a. Part 1. Entar tha disaasa, or complications that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical immediata Causa (Fina) 2 w = = 45 disaasa or condition rasulting in daath) 116-00 -001001 **Examiner** Dua to (or as a consequence of): Physician/Medical Examiner sician and burial-trensit 21.7 Hospital or Attending Physician: The law requires that the death certificete be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated events rasulting in deeth) Last Dua to (or es a consaguança of) P.O. Box 68760, attending physician for use es the buris 770 (01-C/1000) Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed b Division of Vital Records, þ page 2 should Completed 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy parformad? 1 ☐ Yas 2 No certificate 1 ☐ Yas 2 ☐ No Be 25. Wes casa referred to medical axaminer? 26. Pleca of Daath (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Othar: 4☐ Nursing Homa 5 Rasidanca 6 ☐ Othar (Specify) Certification: To filled in by the funeral 28d. Describe how injury occurred 27. Mannar of Deeth 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. injury at Work? After 1 Naturai 5 Panding investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not ba 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Phyaician: To the best of my knowladga, daath occurred at tha tima, data and place, end dua to tha causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and placa, end due to tha cause(s) and mennar stated. Medical 29a. Certifian (Check only one)

29c. Licansa number

Gregory Rausch, M.D., 501 West Seventh Street, Frederick, MD 21701

D14626

29d. Data signed (Month, Day, Year)

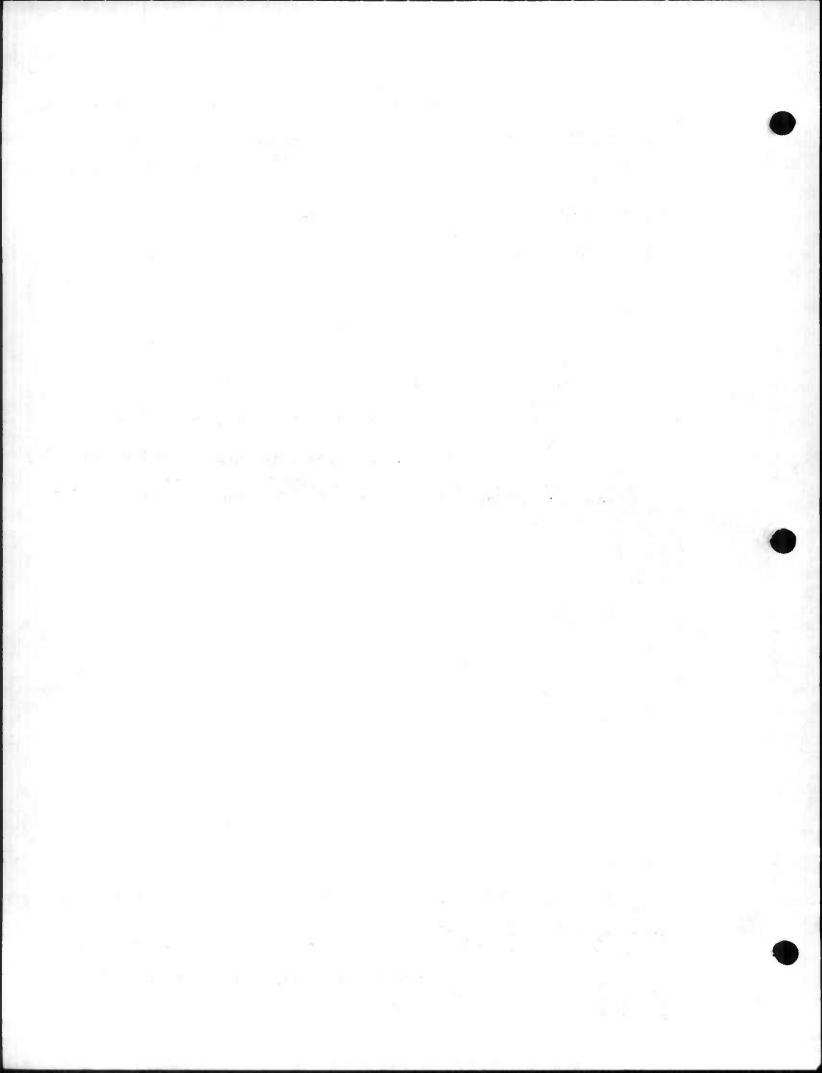
October 30, 1996

State Registrar

29b. Signatura and titla of certifiar

30. Nama and address of person who complated cause of deeth (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

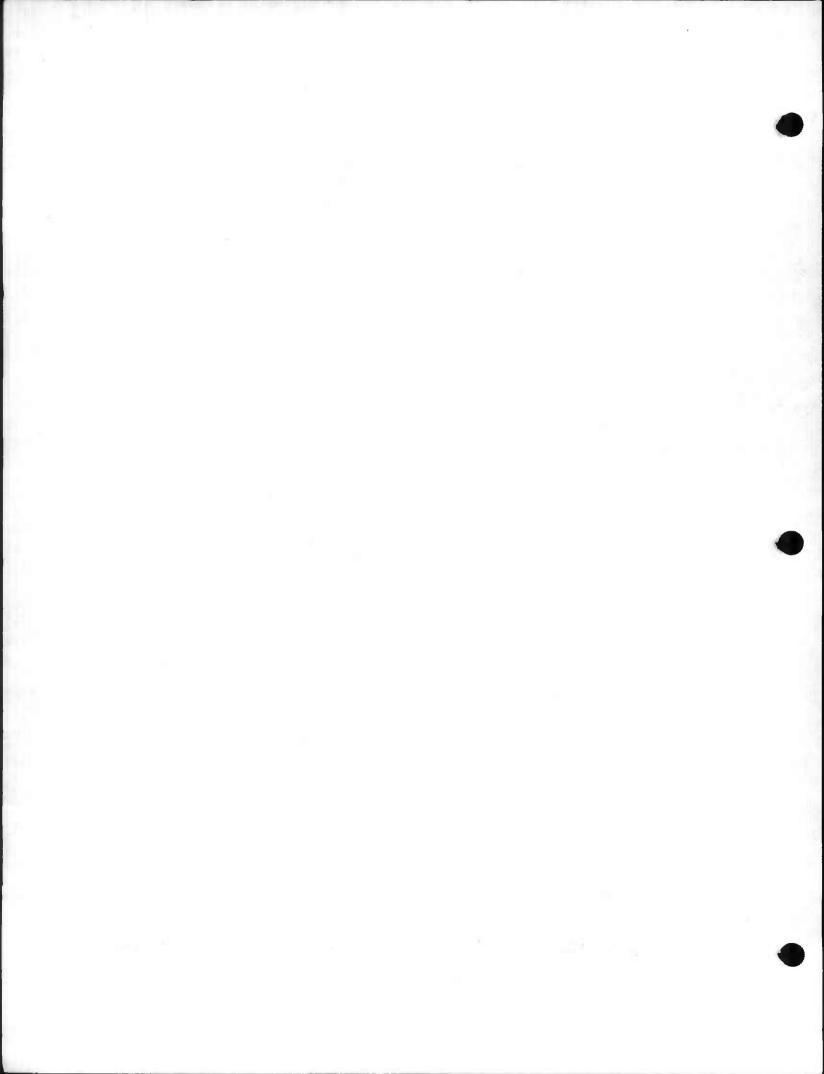


State of Maryland / Department of Health and Mental Hygiene

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						Cen	tificate of	Death		R	eg. No.			
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	Physici /Medi		Ada Irene Hahn								22, 199	Yeer 6	12:30 a.r	n.
Ď	Examir		4e. Fecliity Neme (If not institution, give stree	t end number)				4b. City, To	wn, or Loca	ation of Deeth	4c. County	of Deeth		
			Westminster Nursin	g & Convale	sce	ent			West	minste	r		Carroll	L
	Funeral Director		5. Sociel Security Number 6. Sex 1 M	7. Age (In yrs. 2X F	last birt		If Under 1 Yee Months Deys		Min.	B. Dete of Birth (Month, Dey, Oct. 1.	Year)	9. Birthp Coun	elece (Stete or Forestry) Marylar	
	p ,		Usual Residence of Decedent											
	arylar show	ba .	10e. Stete 10b. County	10c. Cit								1	0d. Inside City Lin	
	a Ma	cto	MD Carroll	wes	cm1	nst	er						1 ☐ Yes 2 🛣	No
	th with th	Funeral Director	10e. Street end Number 1234 Washington Ro	ad			10f. Zip Code	21157		1	Og. Citizen of V United			
21215-0020	be filed within 72 hours after death with the Maryland niel Hyglene. did other than "natural", or items 23a or 28a-f show event, the Modical Examiner must be notined at	by	1 Never Merried 2 Merried 1	Ves Decedent Ever in U, urmed Forces? ☐ Yes 2 No Yes, Give eer or Detes:	S.	1	les Decedent of Yes, specify Cui			fy Yes or No- can, etc.)		ce - Americ ck, White, y:		
2-0	72 ho	te	15. Decedent's Education	n nalatadi	16e.	Decede	ent's Usuel Occu	pation	e of working		16b. Kind of B	usiness/Inc	dustry	
21	within 7 ene. than *r	Completed	(Specify only highest grede con Elementery/Secondery (0-12)	college (1-4or 5+)		life. Do	ind of work done O NOT use retir	ed)	t of working	,				
	e filed within al Hygiene. I other than "	5	8		Hom	nema:	ker & f	armer			Own Ho	me &	farm	
Maryland	al H	Be	17. Father's Neme (First, Middle, Last)					18. Moth	er's Name (First, Middle, I	Meiden Sumen	ne)		
/la	should be ind Mental in marked of	2	Charles Everett Ga	rber					Flore	nce El	izabeth	Rip	oeon	
an	2 sho and I is me		19e. Informent's Neme/Reletionship (Type, F	Print)		-	Address (Stree							
			Charles K. Hahn Sr	., son	27	150	Shadel	Road	#56,	Sun Cit	ty, Cal	iforr	nia 9258	16
ore	Pagas 1 and ment of Health ant: if Itam 27 ury or other 1		20a. Method of Disposition 1⊠ Buriel 2 □ Cremetion 3 □ Remove		lace of emeter	Disposi y, creme	ition (Neme of etory or other pl	10/30/	96	Dete	20c. Location	City or To	wn, Stete	
E	Pag ment ant: i		4 □ Donetion 5 □ Other (Specify)	or nom otate	Li	.nga:	nore Ch	urch C	emete	ry		Unic	onville, M	D
Baltimore,	permit. Pagas Department of Important: If I any Injury or once.		21. Signeture of Funerei Service Licensee			22.	Name and Add					er. MI	21157	
	-		Katherine Pritts	- Sweizer										
þ	Physician /Medical		23a. Pert1. Enter the disease, or complication shock, or heart feilure. List only one ca	use on eech line.						ŧ			Approximete Intervel Between Onset end Deeth	
Н	Examiner		diseese or condition resulting In deeth) e	Chronic Due to (o	resec	onsequ	ence of):	politico	ucing	disec	se		Jears.	_
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	asth certificata be axecuted attending physician and for usa as the burial-transit	Examiner	Sequentielly list conditions, b. —	Due to (o	resec	onsequ	ence of):							
o,	a axe		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying									į		
68760,	nta ba	Medicai	Ceuse (Diseese or Injury thet initieted events resulting in deeth) Last	Due to (or	es e c	onsequ	ence of):							
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(III	that the death led by the atter detached for u	Physician	Pert II. Other significant conditions contribut	ting to death but not resu	Iltina In	the und	derlving cause o	iven In Pert	l.	23b. Did to	bacco usa co	entributa to	the cause of dea	ith?
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ta			25. Wes case referred to medical					OC Disco	of Dooth				J165 ZLJNO	
>	Physician: this cartific ral director,	o Be	examiner? 1 Yes 2 No Hospit	tal:	ED/O	Inations	20 DOA 0	ther		Check only on		(0		
ō	Phys r this ral d	 -		e. Dete of Injury		ime of	3L DOA	4 LA INC		o 5 ☐ Reside			y)	
ion	Attending ir death. ector: Attai by the fune	ation	1 XNaturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Yeer)		njury	28c. Inju W	ork?]Yes 2.□			.,,,,,,,			
Division	To the Hospital or Attending Physician: Within 24 hours after death. To the Funeral Director: After this cartific completaly illied in by the funeral director.	Certification:	3 Suicide 6 Could not be determined 28	e. Pleca of Injury - At he building, etc. (Specif)	me, far	rm, stree	et, factory, office		28	f. Location (St City or Town		per or Rure	I Route Number,	
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical (29e. Certifier (Check only one)	: To the best of my known the basis of examinet and manner steted.	vledge, ion end	, deeth o	occurred et the testigetion, in my	ime, dete en opinion, dee	d plece, en	d due to the cell et the time, de	euse(s) end me ete and plece,	enner es st and due to	teted. the cause(s)	
	of the office of	Me	29b. Signeture end title of certifier	71-3-0			29c. Licer	se number		2	9d. Dete signe	d (Month,	Day, Year)	
	- 5 - Ö		M. Nouir	MD			13	5711			10/25			
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			30. Name and address of person who comple Mokhtar N. Nasir				_{rint)} ner Av	a. Ta	lestm	insta	r. MD	211	57	
	_		31 Data filed (Month Day Year)	, 110 23	J .	500	17 17 V	- · / VI	CD OIL	1113661	c / 1.117	211		

State Registrar OCT 2 9 1996 July Mutter Revel

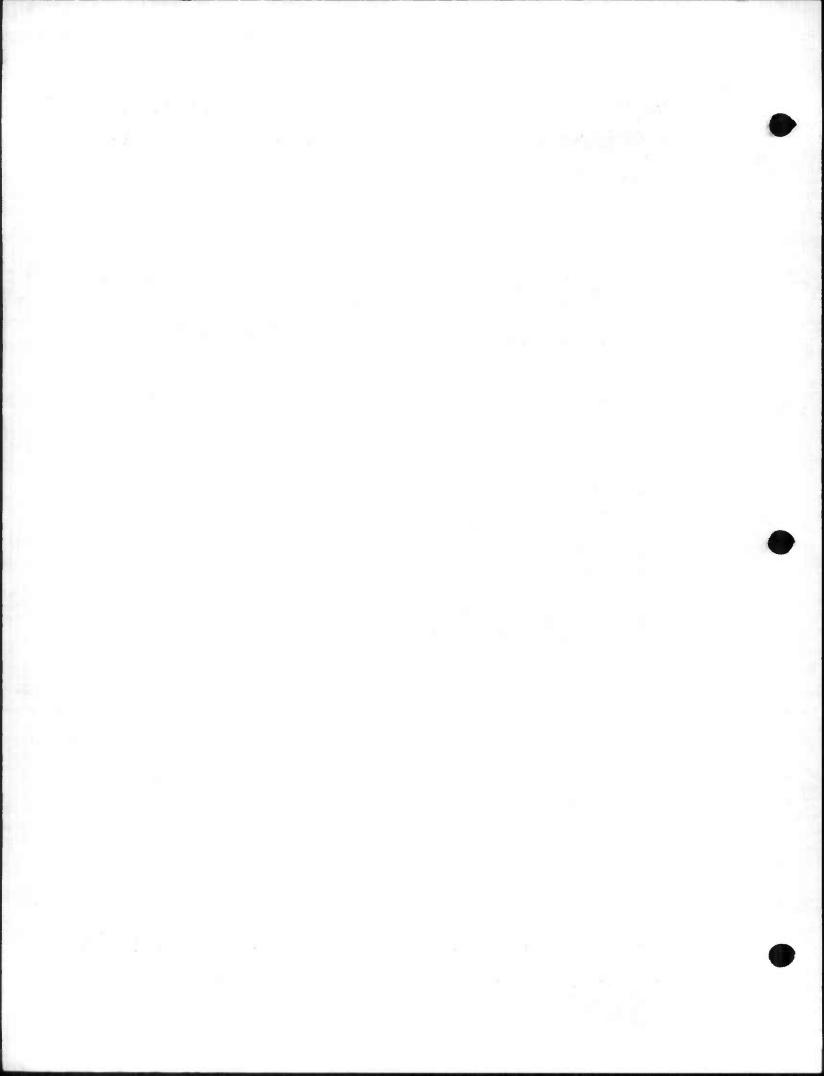


State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedant's Name (First, Middia, Last) 2. Data of Deeth 3. Tima of Death Month 26, **Physician** Year 1996 9:57pm Carrie Elizabeth Hoe October /Medical 4a. Facility Name (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Charles 6500 Thorne Place Hughesville 5. Sociei Security Number If Under 1 Yeer If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** 1□M 2 F Months Days Hours Yrs. Director 55 216-76-3768 May 8, 1941 Maryland Usual Rasidance of Decedent pemit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f ahow any injury or other treumatic event, in a Marylan Exam set must be maritimed. 10a. Stete 10b County 10c. City, Town or Location 10d. Insida City Limits X Yas 2 □ No Directo Maryland Charles Hughesville 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6500 Thorne Place 20637 IISA Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Bieck, Whita, etc. 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: þ Specify: Black 3 → Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usuai Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working iifa. DO NOT usa retired) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Homemaker Domestic 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Mildred Elizabeth Proctor 2 Clarence Thomas Proctor 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20637 Post Office Box 415 Hughesville, Maryland Mary Thompson - Daughter 20b. Plece of Disposition (Name of cematary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ⊠ Burial 2 □ Cramation 3 □ Ramovel from State 4 ☐ Donation 5 ☐ Othar (Specify) Veterans State Cametery November 1, 1996 Cheltenham, Maryland 21. Signature of Funaral Sarvice Licensee 22. Name end Addrass of Facility Aquasco, Maryland Adams Funeral Home 20608 23a. Part1. Entar/tha disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** CIRRHOSIS LIVER /Medical Immediate Causa (Final diseasa or condition rasulting in death) Examiner Examiner physiclan and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disease or Injury thet initiated evants resulting in daeth) Last Due to (or as a consequance of): Division of Vital Records, P.O. Box 68760 Physician/Medicai Dua to (or es e consequance of): d for use as t been signed by the e should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ğ 24b. Wara autopsy findings evelleble prior to 24a. Was an autopsy performed? Completed completion of cause of death? After this certificate has funeral director, page 2 2 No 1 Yas 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 25. Was casa rafarred to medical Be 28. Placa of Daath (Check only ona) axaminar? Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 | Yas 2 | No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Certification: 1-ENatural 5 Panding death. 1 ☐ Yas 2 ☐ No Investigation 2 Accidant after death filled in by the 3 Sulcida 6 Could not be datamined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 24 hours Certifying Physician: To the best of my knowledga, death occurred et the fima, data and plece, end due to the causa(s) and mannar as statad.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. edicai 29e. Cartifiar To the Hosp within 24 hou To the Funer completaly fil (Check only one) 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed causa of daath (Item 23a) (Type, Print) 0 32. Registrar's Signature
July Durison Rordall 31. Date filed (Month State Registrar

DHMH 16 Rev 6/95



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STEPPEN I	H	1. Decedent's Name (First, Middle, Last)			inoute of	Dodin	2. Date of	Reg. No.		3. Time of Death
Physic			Benjamin	E Uav	rty-Benne	++	Month	Day	Year	
/Medi Examir		4a. Facility Neme (If not institution, give s		L. Hai			Octo		996	2:30 PM
LAGIIII	ici	3903 74th Avenue					r Hills		ce Geo	rae's
Funeral		Social Security Number 6. Sex		last birthday)	If Under 1 Year	If Under 24	Hrs. 8. Date of	Birth		-
Director		151-58-7755	(M 2□F 37	Yrs.	Months Deys	Hours N	June	Day, Year)		ace (State or Foreign ry) Jensey
P .		Usual Residence of Decedent					Journe	00, 1000	11011	5C1 5CJ
anyle show	-	10a. Stete 10b. County		ty, Town or Lo					10	d. Inside City Limits
Ne M	Director	Maryland Prince Geo	orge's Lan	dover						1 ☐ Yes 2 No
Nith to		10e. Street and Number			10f. Zip Code			10g. Citizen of		
s 23	Funerai	3903 74th Avenue	O.W. Daniel Co. L.	10	20784			United		
Hem hem	Ä	11. Marital Status 1)(C)(Never Married 2 ☐ Married	 Was Decedent Ever in U Armed Forces? Yes 2. No 	J,S. 13.	Was Decedent of F f Yes, specify Cub	fispanic Origin' an, Mexicen, P	? (Specify Yes or uerto Ricen, etc.)	No- 14. Rad Ble	ce - America ck, White, et	
Ir, or	by F	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1□Yes 2□XNo	Specify:		Specif	y:	24.
2 hou	be	15. Decedent's Educ	etion	16a. Deced	dent's Usual Occur	ation		16b. Kind of B		ite
hin 7	Completed	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4or 5+)	(Give	dent's Usual Occup kind of work done DO NOT use retire	during most of	working	Intern		
giene giene er the	E O	12	Oollege (1-401 34)	Admini	strative	Assist	ant	Consul		
al Hy	Be	17. Father's Name (First, Middle, Last)				18. Mother's	Name (First, Mide	dle, Maiden Suman		
2 should be filed within 72 hours efter deeth with the Marylend end Mental Hygiene. Is marked other than "natural", or frems 23a or 28a-f show sumstic event, the Medical Examinar must be notified a	To	Benjamin Edward	Harty, Jr.			Delor	is Dow			
permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Manyler Depertment of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner mast to notified a once.		19a. Informent's Name/Relationship (Type	e, Print)	19b. Meilir	ng Address (Street	and Number o	r Rural Route Nut	mber, City or Town,	State, Zip C	2ode)
l end feelth m 27 her tr			Short	1514	17th St	reet, N		Washing		
Pages nent of H int: if ite		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Re	emovel from State	cemetery, cren	sition (Name of natory or other pla	ce)	Date	20c. Location		
t. Partmer tant:		4 ☐ Donation 5 ☐ Other (Specify)	Che		ce Cremat		10-25-96	Beltsvi	11e, N	1aryland
permit. Deperti Importi any inj		21. Signeture of Funeral Service License	10		Neme end Addre		vices D	Δ		
		Collen 1	V. Keff	93	3 Gist A	venue,	Silver S	. A. Spring, M	D 2091	10
W DE		23a. Part1. Enter the disease, or complic shock, or heart feilure. List only on	ations that caus at the deal a cause on each line.	th. Do not ent	er the mode of dylr	ng, such as car	diac or respiretory	errest,		Approximete nterval Between
Physician //Medical	ы	Immediate Cause (Final								Onset and Death
Examiner		disease or condition resulting in death)							1	day
	je l			or as a conseq						
outed	Examiner	Sequentially list conditions	Acquired I	IIIIIUNE or as a consed		y Syna	rome		5	years
be executed sician and burief-transit	Ex	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury								
ate be executed shysician and the burief-transi	dicai	that initiated events resulting in death) Last	Due to (o	r as a conseq	uence of):					
e as	⊕									
law requires thet the death certific as been signed by the ettending p s 2 should be detached for use as	Physiclan/M	d .								
the e	ysic	Part II. Other significant conditions cont	ributing to death but not res	ulting in the ur	nderlying ceuse giv	en in Part I.	23b. D	id tobacco use co	ntribute to t	he cause of death?
thet the		MAI					1	☐ Yes 2 No	3 Proba	bly 4 Unknown
sign d be	d by						040 144		24h More	a autonou findings
v require been sig should b	iete						pe	as en autopsy rformed?	avail	e eutopsy findings able prior to pletion of ceuse
m + m	Completed							- New C	of de	
sician: The certificate irector, pag		25. Wes cese referred to medical						Yes 2XXV	10	Yes 2 No
ysician: is certific director,	To Be	examiner?	espital:	ER/Outpatien	t 3□ DOA Oth	or:	Deeth (Check onl	y one) esidence 6 □Oth	(C16-1)	
g Phys er this nerel di	L	27. Manner of Death	28a. Dete of Injury (Month, Day Year)	28b. Time of	28c. Injur		T	e how injury occur		
ath. r: Aft	atio	1 (ANatural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)	Injury		Yes 2 □ No				
r Atte	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At he building, etc. (Specification)	ome, farm, stre	et, factory, office			(Street and Numb own, State)	er or Rural F	Route Number,
ital o rai Di										
To the Hospital or Attending Physician: within 24 hours efter death. To the Funeral Director: After this certific completely filled in by the funeral director,	edical	2 Medical Examine	cian: To the best of my kno or: On the basis of examina	wledge, death	occurred at the tin	ne, date and pla	ace, end due to th	e cause(s) end ma	nner as stet	ed.
the thin 2 the mple	Med	29b. Signature and title of certifier	end manner stated.							
F 3 5 8		Parlo in	Kumm		29c. License			29d. Date signe		
7	-	30 Name and address of	1.204.		174			October	25, 1	996
		30. Name end address of person who com Princy N. Kumar, N		1 23e) (Type, F	. 5000		ir Road,			
Stat	e	31. Date filed (Month, Day, Year)		ture		ngton,	DC 2000) /		
Registra		OCT 2 8 1996	32. Registrar's Signa	-Handell						

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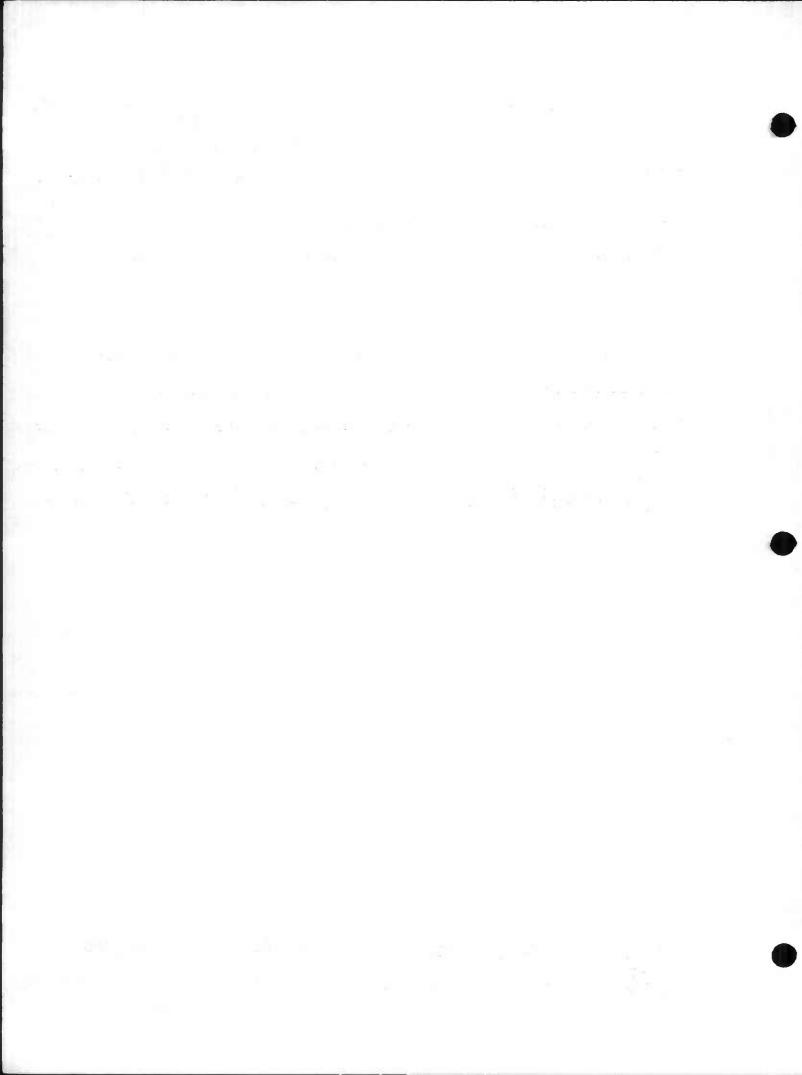
Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene 96 340

						Cert	tificate d	of Dea	th		Reg. No.				
	D l		1. Decedent's Name (First, Middle	e, Last)	7.					2. Date of Dea		Vaca	3. Time of I	Death	
	Physic /Medi Exami		Lorraine H. Hughes								30	Yeer	253	PRI	
			4e. Facility Name (If not institution	iber)	4b. City, T			, Town, or	Location of Death	4c. Count	y of Deeth				
			10613 Eastwood	Avenue				S	ilvei	Spring	Mon	tgome	rv		
	Funeral		5. Sociel Security Number		7. Age (In yrs. last bii	rthday)	If Under 1 Yo	ear If Un	der 24 Hrs	8. Date of Birt			ace (State or	Foreign	
	Director		213-42-6048	1□M 21⊠F	80	Yrs.	MOTION	ys nou	rs Min.	August	26.1916	Wash	<i>n</i> ington	D.C.	
	2		Usual Residence of Decedent												
	how	_	10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits												
	r 28a-f ahow	çç	Maryland Montg	omery	Silv	er S	pring			1 ☐ Yes 2 🛣 No					
	the part of the pa	Director	10e. Street end Number			10f. Zip Code					10g. Citizen of What Country?				
	23e		10613 Eastwood	Avenue			2	.0901			US	A			
	90	Funeral	11. Marital Status	12. Wes Deced	dent Ever in U,S. ces?	13. W	es Decedent Yes, specify (of Hispenic	Origin? (S	pecify Yes or No- o Rican, etc.)	14. Re	ca - America			
20	72 hours effer death with the Maryland natural; or items 23s or 28s-f show tites! Examinet must be notified at		1 Never Married 2 Marri	If Yes, Give	9		☐ Yes 2🔯					v: Whit			
00	ural.	d by	3 XWidowed 4 ☐ Divorced	Yeer or De							- Open	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21215-0020	d within 72 hours efter death with jiene. r then "natural", or iteme 23a or the Modical Examiner must be	Completed	15. Decedent (Specify only highes	t's Education at grade completed)	16a.	(Give k.	ent's Usuel Oc ind of work do	ne durina n	nost of wo	rking	16b. Kind of B	Business/Ind	ustry		
12	within iene. then "	d d	Elamantary/Secondery (0-12)	Coilege (1-	9 (1-4or 5+)			NOT use retired)				Federal Government			
7	al Hygie other vent, tr		1.2 17. Fether's Neme (First, Middle, I	(not)	3	ecre	tary	40.44	ath and a Man	ne (First, Middle,			ernmen	t	
an	2 should be f and Mental is is marked of raumatic eve	Be	Samuel Jude Hugh	,											
7	d Me	2					**************************************			Catherin			a (0.70)		
Maryland	d2s han ls r		19e. informent's Name/Reletions			1				ıral Route Numbe					
	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked othe other traumetic event,		Carol H. Greenat	1	20h Plece 0	013	Lastwo	od Av	enue,	Silver	Spring 20c. Location			20901	
20	or or		1 ☑ Buriai 2 ☐ Cremation		1919		ition (Name o etory or other		1						
ţ	t. Pertant		4 ☐ Donetion 5 ☐ Other (Sp	**	Gate o					1/4/96	Silver	Sprin	g, Mar	yland	
Baltimore,	permit. Peges 1 an Department of Heal Important: If Item 2 any Injury or other once.		21. Signature of Funeral Service I	Licensee	0		Name and Ad			Funeral	Homo	Tmo			
_	40240		- Unche	WCLC	ole	50	0 Univ	ersit	y Blv	d.W. Sil	lver Sp	ring,	MD 209	901	
ı			23a. Part Enter the disease, or shock, or heart failure. List	complications that ca	used the death. Do	not enter	r the mode of	dying, such	es cardia	or respiretory er	rest,		Approximete Intervei Batw		
	Physician		Onset end Deeth												
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death) e. CPVBND V35CUlar Accident												
Н	LAGIIII		Immediate Ceuse (Finel disease or condition resulting in death) e. Chronic Brain Squarcom b. Chronic Brain Squarcom												
	D E	Examiner		a b	(hyan)	10	SYa	nin	Sa	nd ron	20				
	end -tran	хап	Sequantially list conditions, if eny, leading to Immediata cause. Enter Underlying Cause (Disease or Injury c												
68760,	cian	E													
87	eath certificete be axecuted ettending physician end for usa as the buriel-transit	Medical	that initieted events resulting in deeth) Lest Due to (or as a consequence of):												
×	ding p	Me		d											
Bo	death c	lan											11		
o.	that the death cered by the ettendin	Physician	Pert ii. Other significant condition	ns contributing to dea	th but not resulting in	n the und	derlying cause	given In Pe	ert I.	23b. Did t	obacco use co	ontribute to	the cause of	death?	
0	nat th									1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unkno				Inknown	
Records,	8 6 8	by								w 2 Hz - 2 A - 7		T = 0.00	Street a Laborato		
oro	been si should	Completed									an autopsy med?	ave	re autopsy fir ileble prior to		
ec	2 S S	ğ											pietion of ca eath?	030	
	T ata	S								1 🗆 Y	res 212 No	1 🗆	Yes 201	No	
Vital	Physician: The I this certificata ha rai director, pege	Be	25. Wes cesa referred to medical exeminer?					26. P	lace of Dea	ath (Check only o	ne)				
-	nysic i dire	0	1 Yes 2 No	Hospitel: 1 ☐ In	patient 2□ER/Ou	utpetient	3□ DOA	Other: 4 🗆	Nursing H	lome 5 PResid	lence 6 🗆 Ot	her (Specify)		
0	ding Ph. h. After thi funerai		27. Menner of Deeth 1 Maturei 5 ☐ Pending	28a. Date of (Month	injury 28b.	Time of	28c. i	njury at Work?		28d. Describe h	now injury occu	rred			
0	Attending or death. actor: After by the fune	atic	2 Accident investig	ation N	me.			1 ☐ Yes 2	? □ No						
Division of	r Ath ter de frects	Certification:	3 ☐ Sulcide 6 ☐ Could n 4 ☐ Homicide datermi	ned Zoa. Place (of Injury - At home, fag, etc. (Specify)	arm, stree	et, fectory, offi	сө		28f. Location (S City or Tow	Location (Street and Number or Rural Route Number, City or Town, Stete)				
Ω	Ital o											_			
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	(Check only 2 Medical E	Physician: To the bas	est of my knowledga	a, daath d	occurred at the	e time, dete	end piece	, end dua to tha d	cause(s) and m	ennar es sta	ted.		
	the the the the the the the the the the		one)	end menne	er steted.										
	Vit Con	Σ	29b. Signeture and title of certifier	1.	20-1			ense numb			29d. Date sign	1	-		
	_		145.	Unnho	- 1/11			111	025		10/-	30/9	6		
	20		30. Name and andress of person v	vho complated cause	of deeth (Item 23e)	(Type, P	rint)	2	1	n.		,	n	/	
	U		JOHN B.	Umha	u MD	88	05 C	wind	th	re. Ch.	Ruy (h	250	1110	5081	
	Sta		31. Date filed (Month, Dey, Year)	J.	gistrar's Signeture	1.0									
	Registr	ar	01	1000	Via Naville	71. 1	. 00								



State of Maryland / Department of Health and Mental Hygiene 96

		_					Cei	TITICA	re or i	Jeath			Reg. No.			
	Physic /Medi		Decedent's Neme (First, Middle, Last) CHARLES MAXWELL 4a. Fecility Neme (If not institution, give street and number)				HUNT					Dete of Do Month	Dey 26,	Year 1996	3. Time of Death 10:02 P.M.	
À	Exami	ner								b. City, Town		on of Dee		nty of Death		
Ь			703 MAPLETON RO		7 4	Annua tai	4 6 2 46 6 1	lf I Indo	r 1 Yeer	OCKVIL		. (5)	MONTG			
ŀ	Funeral Director	7	143-05-2101	Sex XXM 2□ F	7. Age 85		Yrs.	Months		If Under 24 Hours	Min. 8. C	Month, D	rth ey, Year) 6, 191	9. Birth Con IND	npiece (Stete or Foreign untry) IANA	
	pur *		Usuei Residence of Decedent 10a. Stete 10b. County			10c City	Town or Lo	oation							404 (
	vurs efter death with the Maryler al', or items 23a or 28a-f show Examiner must be notified at	Director	MARYLAND MONTGO	MERY			VILLE	Cation							10d. Inside City Limits 1XXYes 2 □ No	
	4 P	Sire.	10e. Street end Number				10f. Zip Code 20850					10g. Citizen of Whet			untry?	
	23a	la	703 MAPLETON ROA	ND .									U.S.A.			
	r der	Funeral	11. Maritei Stetus	12. Wes De Armed F		er in U,S.	13. V	Ves Dece Yes, spe	dent of Hi	ispenic Origin n, Mexican, F	n? (Specify Puerto Rica	Yes or Non, etc.)		ece - Amer	rican Indien,	
21215-0020	within 72 hours efter death with the Maryland ena. than "natural", or items 23a or 28a-f show ha Modical Evarrines, must be notified at	by	Never Married 2 Merried 3 Widowed 4 Divorced	If Yes, G	1 Yes ZXNo If Yes, Give Yeer or Detes:		1 ☐ Yes XXNo Specify:							pecify: WHITE		
5-0	I within 72 ho Iena. Than "natur The Medical	Completed	15. Decedent's (Specify only highest g	Education			16a. Deced	ent's Usu	el Occupi	upation e during most of working			16b. Kind ot	ndustry		
2	within ena. then	npidu	Elementery/Secondery (0-12) College (1-4or 5+))	life. DO NOT use retired)				· working	,				
7	DAL	S	12	4	4		CHEMIST							VERNMENT		
and	る重める	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme (First,						, Meiden Sum	ame)		
yia		T0	CHARLES FREMONT				MARY STAB					LEK				
, Maryiand	nd 2 sith er 27 is r trau		19e. Intorment's Neme/Reletionship ANITA SELINE, GR		ECE	4	19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip C 4307 ELLICOTT ST., N.W. WASHINGTON, DC. 20									
ore	80		20e. Method of Disposition	_			ca of Dispo			a)	D	ete	20c. Locatio	n - City or T	Town, State	
E	Pages nent of i		1 ☐ Burial 2007 Cremetion 3 4 ☐ Donet on 5 ☐ Other (Spec	Hemovel from Stete			cometery, cremetory or other piece) C. COMFORT CREMATORY			10/	0/29 ALEXAND			RIA, VA.		
Baltimore,	프투루를															
m	Dep impo		JOSEPH GAWLER'S SONS, INC . 5130 WISCONSIN AVI											CONSIN AVE.,		
	_		N.W., WASHINGTON, DC. 20016 23a. Pal 1. El ter the dispese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate													
	Obverteine		shork, wheen tall re. List only one ceuse on each line.											intervel Between Onset and Death		
	Physician / /Medical		Immediate Cause (Fine)													
	Examiner		disease or condition resulting In deeth) PROSTATE CANCER 3 YEARS													
	WITH H	ē			D	ue to (or e	s e conseq	uence of)								
	ned ned	Examiner														
	and and	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	D	Due to (or es e consequenca of):											
68760,	be e		cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events									i				
387	certificate be executed unit physician and use as the buriel-transit	√Medical	resulting in deeth) Lest	ue to (or e	or es e consequence of):											
XQ	oertif oding use a	M														
B														i		
<u>о</u> .	that the deatt ed by the atte deteched for	Physicia								=	23b. Did tobacco use contributs to the cause of deat					
	thet the ed by detected									1 ☐ Yss X No 3 ☐ Probably 4 ☐ Unknown						
Records,	5 G 9	d by							-	040 14/04	an autore.	24b \	Vere autopsy tindings			
Ö		Completed									s an eutopsy omed?	a	vallable prior to			
3ec	S 00 CV	du									_			0	of death?	
	Page at	S										1 🗆	Yes 2 No	1	☐ Yes 2☐ No	
of Vital	Physician: The this certificate ral director, page	Be	25. Wes case reterred to medical examiner?	11.7.7.7.1.1.1						26. Place of	f Deeth (Ct	neck only	one)			
1	5 00	2	1 ☐ Yes XX No	Hospitel: 1	Inpatient	2□ EF	3/Outpetien	3□ D	Othe Othe	er: 4□ Nursi	ing Home	5 Kixles	idence 6 🗆 C	ther (Spec	cify)	
ion	After fune	atlon:	27. Manner of Death 1 Neturel 5 □ Pending 2 □ Accident investigeti		of Injury nth, Dey 1	rear) 21	Bb. Time ot Injury	м	28c. Injury Worl 1 🔲 '	ret ⟨? Yes 2 □ No		Describe	Describe how injury occurred			
Division	after death Director: A In by the f	Certification:	3 Suicide 6 Could not determine	286. PIGC						28f. Location (Street end Number or Rural Route Number, City or Town, Stete)						
	Hospital 24 hours of Funeral I		29e. Certifier 1 Certifying P	hardeless T. M.												
	Hospital 24 hours Funeral Idataly filled	edical	29e. Certifier (Check only one) 1 ☐ Certifying P	miner: On the t	basis of each	xaminetio	n end/or inv	estigetion	, in my or	olnion, deeth	occurred el	t the time,	date end plec	nenner as e, end due	to the ceuse(s)	
	To the within 2 To the compla	Me	29b. Signeture and title of certifier			4		29	c. License	number			29d. Dete sig	ned (Month	Dev. Year)	
	- s - ō		/ (Adjuly 1)	1. HA	4405	tunk	()									
	6	-	20 Name and add to	1700	you	7	- 1		3240	1/			OCT. 28	5, 19	90	
	v		30. Name and address of person who						DD	DOORTE	TTP	MD	20050			
	- C4-	10	DR. JOSEPH HAGGE 31. Dete tiled (Month, Day, Yeer)	32	Begistrer'	s Slonatur	e		DK.	ROCKVI	وظلالا	MU.	20000			
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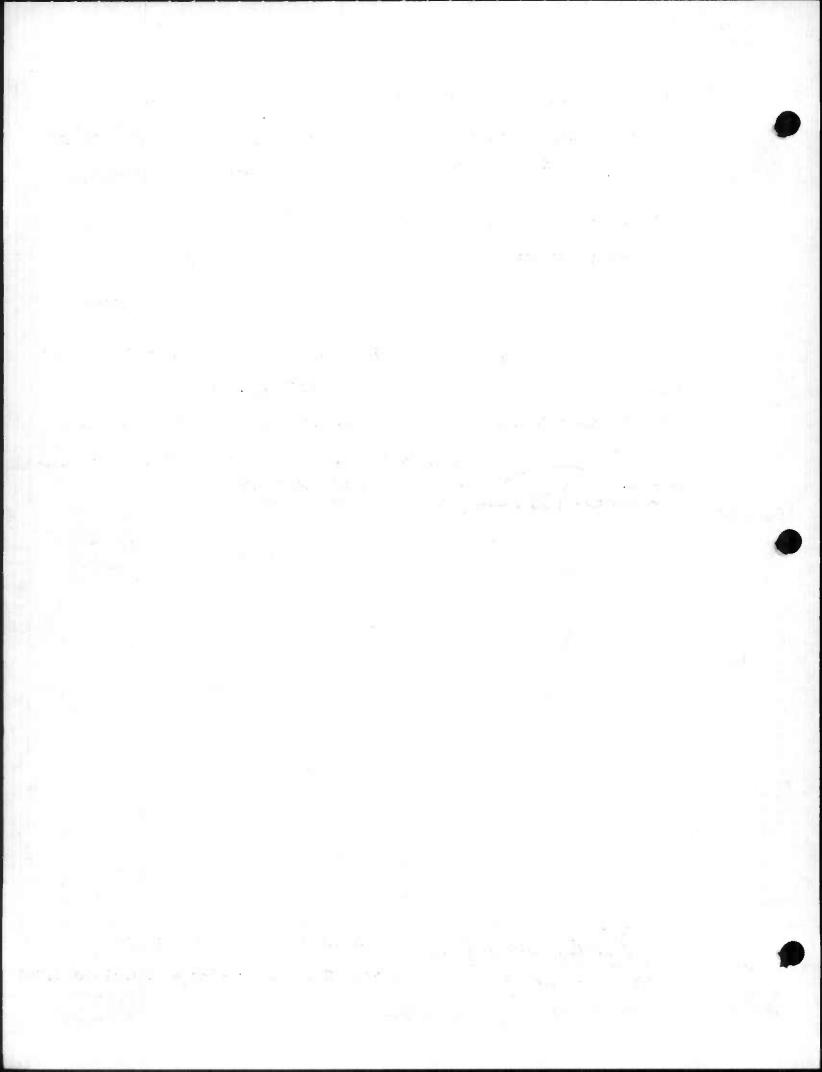
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State of Maryland / Department of Health and Mental Hygiene

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						Cer	tificate	of	Death			Reg	J. No.		035) U C
Physic	cian	Decedant's Nama (First, Middle DONALD D.)	fla, Last) DALE	F	HERZB	ERG		3			2. Data of Month	Death	Day	Year	3. Tima o	of Death
/Med											OCT Month		9 199	96	9:31	. 2
Exam	iner	4a. Fecility Nama (If not institution PRINCE GEOR	GES HOSE						46. City, To		ocation of De	eth	4c. Count	y of Death	GEOR	RGES
Funera, Director		5. Social Sacurity Number 230 60 5978	6. Sex 1 M 2 □ F	ex		Months Davs				24 Hrs. Min.	8. Date of I (Month, MAY 2	Birth D ay, Y	rear) 1946	9. Birthy Cour INDI	Birthplace (Stata or Fora Country) NDIANA	
and		Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location											Τ.	10d Ineida C	ity Limite	
se-f sho	Director	VIRGINIA FAIR	Too. Holds									2 No				
vith th	Dire	10e. Straat end Numbar				10f. Zip Coda						10g. Citizen of What Country?				
eeth y	erai	6954 CONSERVATION DRIVE 11. Marital Status 12. Was Decedant Evar in U			- in 11 G	22153						USA				
is 1 and 2 should be filed within 72 hours efter deeth with the Menyland of Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other treumstic event, in Medical Examiner must be notified at	by Funerai	1 ☐ Nevar Marriad 2X Man	Armad F rlad 1 1 Yas if Yas, G	Armad Forcas?		If Yes, specify Cuban, N			Hispanic Origin? (Specify Yes or No ean, Maxicen, Puarto Rican, atc.) Spacify:			No-	Specify:			
tural to		3 Widowed 4 Divorced	3 ☐ Wildowed 4 ☐ Divorced Yaar or Datas:] 15. Decedant's Education			1988 16a. Decedant's Usual Occupetion								WHITE d of Businass/Industry		
n nan	Completed	(Spacify only higha	st grade complated)	e complated)			ind of work of ONOT usa r	lona etire	during mos d)	t of work	ring	16	ob. Kind of B	usinass/in	dustry	
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Mai yidild ZIZI3-UUZU 12 should be filed within 72 hours eft h end Mental Hygiene. 7 is marked other than "naturel", or treumatic event, the Modical Exert	Be	17. Fathar's Nama (First, Middle,	Last)						18. Mothar's Nama (Firs		a (First, Mido					
2 should be end Mental Is marked or eumatic eve	To	DONALD H. HERZBERG				VYNNE WILLARD										
2 sho end Is m	1	19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Straat and Number of Straat and Number of						ar or Rur	Rural Routa Number, City or Town, Steta, Zip Coda)							
es 1 end of Health Item 27 rother tr		SHARON A. HERZI	BERG/SPOU		69	54	CONSER	VA	TION	DRIV	E, SPR					3
00		20a. Mathod of Disposition 1 ☐ Burial 2 X Cramation	3 □Ramovel from	Ramovel from Stata		y, cram	atory or otha	of r pla	ca)	i	Data	20	c. Location	- City or To	own, Stata	
it. Peg rtment rtant: I		4 □ Donation 5 □ Othar (Spacify) 21. Signatura of Funeral Service Licensee									10/24	A	LEXANI	DRIA,	VIRG	LNIA
permit. Peg Depertment Important: I any Injury o		21. Signatura of Funeral Service	22. Nama and Addrass of Facility DEMAINE FUNERAL HOMES, INC.								C.					
		23a. Part: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Interval Between Interval Between														
Physician // Medical Examiner contilicate pe executed contilicate pe	Examiner	immadiata Cause (Final diseasa or condition rasulting in death) a. Culturis destic Captions when Due to (or as a consequence of): b. Due to (or es a consequence of):														
flicate be example of physician est the buriel		Sequantially list conditions, if any, leeding to Immediate ceusa. Entar Undartying Cause (Disaasa or injury thet initiated events rasulting in daath) Last Due to (or es a consequence of):												1		
physic sthe	edicai															
	3	d														
e death he etter sed for u	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.									23b. Did tobecco use contribute to the cause of death?					
that the	by Phy									1 Yes 2 No 3 Probably 4				Unknown		
The lew requires that the death is the has been signed by the etter page 2 should be detached for r	Completed b												ormed? 9\		. Wera autopsy findings evellabla prior to completion of ceusa of daath?	
	Con										1	Yes	2 🗆 No	1 [∃Yas 2□	No
Physician: This certificate	Be	25. Was casa rafarred to medical axaminar?									h (Check onl)					
this ald	2	1 XYas 2 No		-	2 ER/Out		3℃ DOA	Oth	4 🗆 14 u		ma 5□Ra				y)	
ing .	ation	27. Menner of Deeth 1 Natural 5 Panding 2 Accidant invastig	gation	of Injury th, Dey Yea	28b. T	ima of	28c.		yat k? Yas 2⊡l		28d. Dascribe how injury occurred					
2550	Certification:	3 Suicida 6 Could r 4 Homicida datarm	At home, far bec <i>ify)</i>	me, farm, straat, factory, office 28f. Lo						St. Location (Straat and Number or Rural Routa Number, City or Town, Stata)						
To the Hospital or At within 24 hours after of To the Funerel Direct completely filled in by	edical C	29a. Certifiar (Check only one) 1 Certifying 2 Medical i	g Physician: To the Examinar: On the be and man	best of my asis of axar nar stated.	knowledga, mination and	daath d Vor inva	occurred et th stigation, in r	a tin	na, data and pinion, deat	d place, th occurr	and dua to the	e ceus e, data	sa(s) and me a and plece,	enner es si and dua to	tatad. tha causa(s	3)
To the vithin To the comp	W	29b. Signatura and titla of certifian	1 .11	15					e number				Data signe			
12		30. Nema and address of person of	who complated caus	se of death	(Itam 23a) (Type, P	rint)									
1		30. Nema and address of person of the point	Mikrog			111	Penn	S	Stree	t,	Balti	mo:	re, M	[ary]	Land	2120
Sta		31. Data filad (Month, Day, Yaar)	/52. R	tegistrar's S	Signatura											
Registi	ar	OCT 2 8	1996	wha D	widson-	Mano	486									

DHMH 16 Rev 6/95



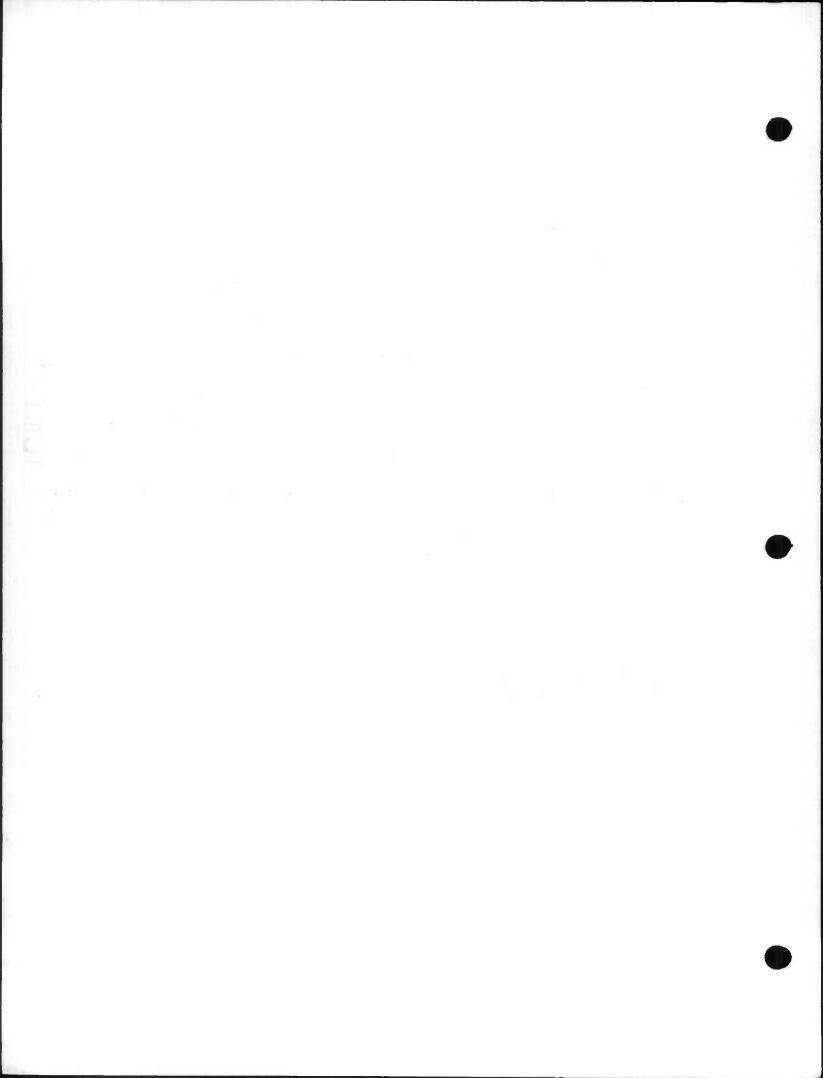
& BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Initury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH										
		Myrtle Parl	ker Her	idee		October 2								
	4. SOCIAL SECURITY NUMBER 5. SI		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)						
		M 2 ⊠ F 93	YRS.	MONTHS DAYS	HOURS MIN.	Aug. 7, 1	903 1	Michigan						
-	9a. FACILITY NAME (If not institution, give street an				R LOCATION OF DE	HTA	9c. COUNTY OF OEATH							
Į į	Wilson Health Care Center Gaithersburg Montgome													
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION													
12	Maryland Montgome	ery		Bethesda	a .			1 YES 2 X NO						
A P	10e. STREET AND NUMBER			101.	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?						
FUNERAL	9107 Kirkdale Road				20817			ed States						
5		MAS DECEDENT EVER IN U.S FORCES? 1 🔲 YES 2				IIC ORIGIN? (Specify Yas n, Puario Rican, atc.)	or No- 14.	RACE — American Indian, Bleck, White, atc.						
B	3 Widowed 4 Divorced	F YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	r:		Specify: White						
8	15. DECEDENT'S EDUCATION		. DECEDENT'S	USUAL OCCUPATION	DN .	18b. KIND OF BU	SINESS/INDUST							
Ē	(Specify only highest grade complete Elementary/Secondary (0-12) Coll	eted) lega (1-4 or 5+)	life. Do NOT us	vork done during mose retired.)	st of working									
M M	5-	+	Homema	ker	- 1	Own	n Home							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				7.5 7.5	ME (First, Middle, Maiden								
BE	John Parker Isabella Jane Roe													
ဥ	19a. INFORMANT'S NAME (Type/Print) Clare W. Hendee/Husl	hand				Poute Number City or Tow ethesda, Ma								
	20a. METHOO OF DISPOSITION													
	20a. METHOO OF DISPOSITION 1 N Burial 2 Cremation 3 Removal from Stata 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Commetter, Crematory or other place) UCTOBER 30, 1996 0aklawn Chapel & Gardens 20c. LOCATION — City or Town, Stata Bruce Twp., Michigan													
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		IUWII OI	22. NAME AN	D ADDRESS OF FA	CILITY Fund	ral Har	-, Intelligan						
	M00198 22. WAME AND ADDRESS OF FACULTY ROBERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, 7557 Wisconsin Ave., Bethesda, MD 2081													
M00198 7557 Wisconsin Ave., Bethesda, MD 20 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,														
	shock, or hasrt failure. List only one cause on each line.													
	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions. b													
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
FIC	CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART II. Other significant conditions contributing to death but not resulting in the underlying course cluss in Text 1.													
¥	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO													
Ö		ville				1 _ YES 3	NO	CDMPLETION OF CAUSE DF DEATH?						
Σ	DID TOBACCO USE CONTRIBU	TE TO CALISE OF I	DEATH VE	S D NO D] UNCERTAII			1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)	UNCERIAII	10								
PHYSICIAN: MEDIC	EXAMINER? HO	SPtTAL: Inpetient 2 - ER/Outpatie	nt 3 □ DOA	OTHER:	a 5 🗆 Basidanca	8 Other (Specify)								
Η̈́	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCUR	JURY OCCURED						
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	RK7 YES 2 NO	K?								
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, tarm,	street, factory, office	•	281. LOCATION (Street City or Town, State,	Street and Number or Rural Route Number,							
111	4 Homicide determined													
COMPLET		To the best of my knowledg	e, death occurr	ed at the time, date	end pleca, and due	to the cause(s) end ma	nner se stated.							
Š	one) 2 MEDICAL EXAMINER: On	the basis of examination en	d/or investigation	on, in my opinion, d	eath occured at the	time, date and place, ar	nd due to the c	ause(s) and menner as stated.						
BE (29b. BIGHATURE AND TITLE OF CERTIFIER	14	0		29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Month, Day, Year)						
TO 6	30. NAM AND ADDRESS OF PERSON WHO COM	MDI ETED CAUSE OF DE	OVEN CO. IX	0/4	N LUS	10	1 / /	13/76						
	Joe / Schalman	9410 0	10	Fe Town	RY BO	thesda 14	10.208	54						
		32. REGISTRAR'S SIGNATU	RE N	•										
	OCT 2 8 1996	- Charleson	-Manag	مالا										



State of Maryland / Department of Health and Mental Hygiene

34054 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** 26 1996 HARDCASTLE JOHNSON. HOBART October /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Dorchester Cambridge 520 Academy St. 5. Sociel Security Number 214-28-1642 If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Dale of Birth (Month, Dev. Sept. 11 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 120 M 2□ F Yrs Maryland Director Usuel Residence of Decedent 10c. City, Town or Location Cambridge with the Marylend 10d. Inside City Limits 28a-f show nit. Pages 1 end 2 should be filed within 72 hours after death with the Maryle effment of Health end Mentel Hygens. ortant: If fean 23s or 28s-f show ortant: If fean 27 la merked other than "natural", or itema 23s or 28s-f show injury or other traumatic avent, its Medical Examine must be notified as MD Dorchester Yes 2 No Funeral Director 10f. Zip Code 21613 10g. Citizen of Whet Country? 10e. Streel end Number 520 Academy St. U.S.A. 12. Wes Decedent Ever in U.S. Armed Forces?

1 Meyes 2 No 1953If Yes, Give Year or Detes: 1957 14. Rece - American Indian, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) self employed restaurant owner/operator 18. Mother's Neme (First, Middle, Meiden Sumeme)
Dehbie Price 17. Fether's Neme (First, Middle, Last) Be W. Johnson Clarence To 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 406 Cedar St., Cambridge MD 21613 Mrs. Tina Newnam - daughter 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 € Burlet 2 □ Cremetion 3 □ Removel from Stete permit. Page Department of Important: If any injury or 4 □ Donetion 5 □ Other (Specify) Maryland Veterans Cemetery 10/29 Hurlock Maryland 21. Signeture of Funerel Servica Licenses 22. Name end Address of Fecility
Thomas Funeral Home PA 1/2 700 Locust St. Cambridge MD 21613 23a. Pert1. Enter the disease, or complications their caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feiture. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or es e consequenca of) Examiner or Attanding Physician: The law requires that the deeth certificate be executed Sequentielly tist conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Intlieted events resulting in deeth) Lest Due to (or es e consequence of) Box 68760, physician Physician/Medicai Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detach 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Wes an eutopsy performed? 24b. Were eutopsy findings eveileble prior lo completion of cause of death? 2 No 1 Yes 20 No 1 ☐ Yes certificate funeral director, Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Assidence 6 Other (Specify) Certification: To 1/2 Yes 2□ No 1 inpatient 2 ER/Outpetient 3 DOA this 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? After Naturel 5 Pending within 24 hours after deeth.

To the Funeral Director: A completely filled in by the fi 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture end title of certifie 29d. Date signed (Month, Day, Year) of person who completed cause of deeth (Item 23e) (Type, Print) 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State

DHMH 16 Rev 6/95

Registrar

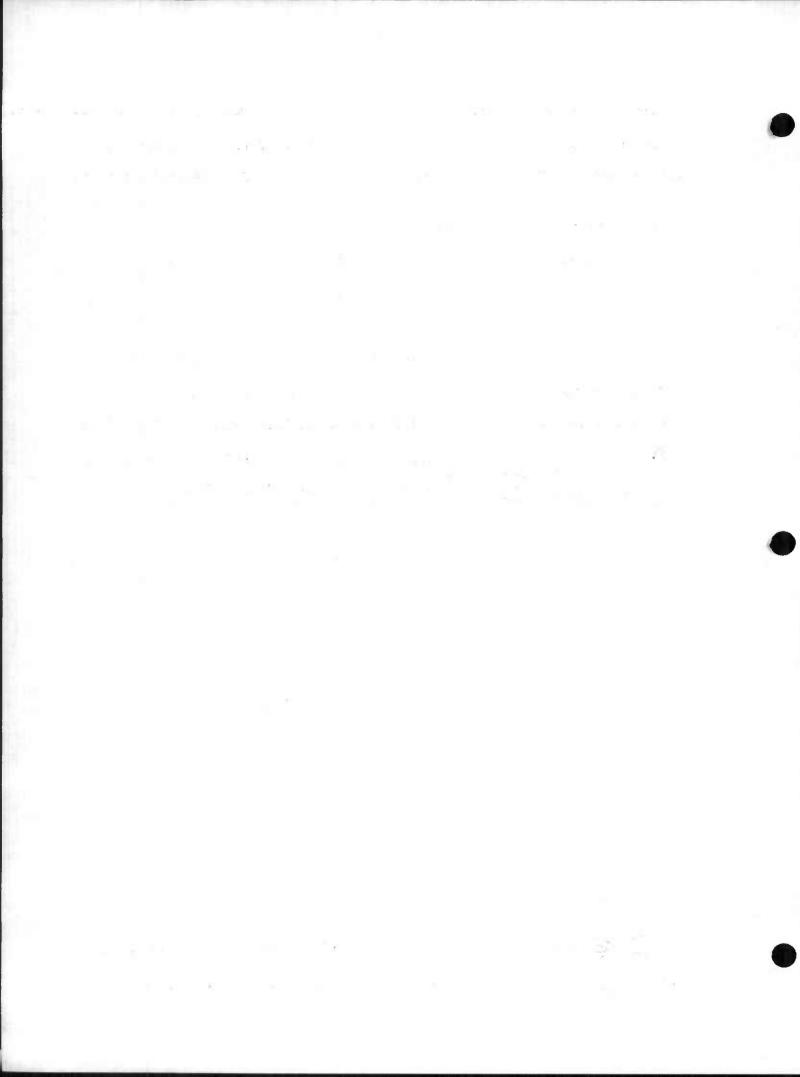
State of Maryland / Department of Health and Mental Hygiene Q 5 31, 055

						Cert	ificate of	Death	,	Reg. No.	0	JHE		
	Dhusisi		1. Decedent's Nama (First, Middla, La	ist)					2. Data of De		Yaar	3. Time	a of Death	
	Physici /Medi		SOLOMON	T.			James		Oct	30_	96	7:1	3P	
	Examir		4a. Facility Nama (If not institution, give					4b. City, Town, or I	ocation of Deat	h 4c. County	of Death			
			The Memorial	-				Easton		Talk	ot			
	Funeral Director		213-03-0294	Sax 120 M 2□ F	(In yrs. last bir	rthday) Yrs.	Months Days		8. Data of Bir (Month, Da FEB. 1		Cour	n <i>try)</i>	ta or Foraigi D	n
	and w		Usual Rasidenca of Decedent 10a. Stata 10b. County		10c. City, Tow	n or Loca	ation					10d inside	City Limits	
	8a-f sho	Director		LBOT	•	EA	STON						as 2□No	
	th with the 23a or 2	al Dire	10e. Street and Number 610 HOLLYDAY S	TREET			10f. Zip Coda	601		10g. Citizan of USA		ntry?		
020	s i end 2 should be filed within 72 hours efter deeth with the Meryland Health and Mental Hygiene. If marked other than "natural", or items 23s or 28s-f show other traumatic event, its Medical Express.	by Funeral	11. Marital Status 1 Nevar Married 3 Widowed 4 Divorced	12. Was Decedant E Armed Forcas? 1 ∑XYas 2 □ N If Yas, Giva Yaar or Datas:			as Decedant of Yas, specify Cut ☐ Yas 2 X No	Hispanic Origin? (S pan, Maxican, Puart Specify:	pecify Yas or No o Rican, atc.)	Specifi	ca - Amaric ck, Whita, y: WI			
2-0	72 ho	ted	15. Decedant's E (Specify only highast gr	ducation	18a.	Deceda	nt's Usual Occu	pation	kina	16b. Kind of B	usinass/In	dustry		
21215-0020	yene.	Completed	Elamantary/Secondary (0-12)	College (1-4or 5-			NOT use retire	during most of wor	n#19	REFRIC HEATIN				
	Il Hygi other	BeC	17. Father's Nama (First, Middla, Last)				18. Mothar's Nan	na (First, Middla				OI VD .	
<u>Jai</u>	should be find Mental I	ToE	JOSEPH HENRY J	AMES					ELSIE	MERRIC	CK			
Maryland	and I	•	19a. Informant's Name/Ralationship (1	_	•	t and Number or Ru				,		
	Health Health em 27		ELEANOR LEE JA	MES/ WIFE				AY ST.,		1, MD 2	1601	<u> </u>		
more,	permit. Pages 1 e Department of Hee Important: If item any Injury or othe once.		20a. Mathod of Disposition 1 ↑ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specif		cemata	ry, crame	tion (Nama of atory or other pla RANS C	EMETERY	Data 11-4	BEULAH				
alti	Departri Departri Importa any Inji DDCE.		21. Signature of Funaral Sarvice Licer	rsaa				ass of Facility HELFENE					T HOI	
m	80 = 80		JOHN R. M	FOCEOSS	CESE			ARRISON				NERA.	L HOI	11
			23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that causad ona causa on each line	tha daath. Do	not antar	tha moda of dy	ing, such as cardiac	or raspiratory a	rrasi,	PIL	Approxin		-
V	Physician											Onset ar	nd Death	
	/Medical Examiner		Immediate Causa (Final disaasa or condition rasulting In daeth)	. Chron	ic 069	stro	retwo	Cure	Disea	se	i	tea	.05	
		7	Too and grant agony		Dua to (or es a			ر			1			
	and transit	Examiner	Sequentially list conditions,	b	Oue to (or as a	consequ	ence of):							_
68760,	cate be axecuted physician end s the burial-transit	Medical E	Sequentially list conditions, if any, laading to immediata cause. Entar Undarlying Causa (Disaasa or Injury that initiated avants	c	lua to (or as a c	consagua	anca of):							
Box 68	certifica nding ph use as th		rasuiting in daath) Last	d							i			
	death cer ne attendir ed for use	by Physician/I	Part II. Other significant conditions of	ontributing to death but	not rasuiting in	n tha und	larlying cause gi	ivan in Part I.	23b. Did	tobacco use co	ntributa t	o the caur	se of death	?
P. 0	res that the dei signed by the a I be detached f	Phy	tobaccaus						10	Yes 2□ No	3 Pro	bably 4	DUNKNOW	'n
	igned bed		Tookers											
Records,	requi	Completed								an autopsy ormed?	av	are autops reilable pricomplation of death?	or to	
ř	hysician: The law his certificate has b il director, page 2 s	E							10	Yas LONO	1[□Yas 6	E No	,
Ta	lan: rtifica ctor, p	Bec	25. Was casa referred to medical					28. Place of Dee	th (Check only o	one)	1			_
>	nysic ils ce	10	axaminar? 1 ☐ Yas 2 ☐ NO	Hospital:	t 2 ER/Ou	utpatient	3□ DOA Ot	har: 4 Nursing H	oma 5 ☐ Rasi	dance 8 DOth	ar (Specif	fy)		
Division of Vital	nera		27. Manner of Death 1/□Natural 5 □ Pending	28a. Date of injury (Month, Day	Year) 28b. 7	Tima of njury	28c. Inju Wo		28d. Dascribe	how injury occur	red			
Sio	leath. lor: A the fu	cati	2 Accidant Invastigation 3 Suicida 6 Could not b				M 1]Yas 2□No						
\leq	of or Attendir setter death. I Director: Af d in by the fu	Certification:	4 Homicida datarmined		y - At homa, fa (Specify)	ım, strea	it, factory, office		28f. Location (Street and Numl wn, Stata)	er or Rura	al Routa N	umber,	
	pital ours eral filled	ŏ	29a. Cartifiar + Certifying Ph	velolen: To the best of	my kaouindon	dooth a	accuracy at the ti	me date and place	and due to the	20102(2) 224 21		tated		
	To the Hospital or Atte within 24 hours efter de To the Funeral Direct completely filled in by the	edicai	(Check only one) 2 Medical Exam	yalclan: To the best of niner: On tha basis of a and mannar stat	examination and	d/or Inva	stigation, in my	opinion, deeth occu	rred at tha tima,	date and place,	and dua to	o tha caus	a(s)	
	Withir To th	ž	29b. Signatura and titla of certifiar	1	_		29c. Lican	sa number		29d. Data signa	d (Month,	Day, Year	7)	
			Muchael	Vierw.	\mathcal{C}		154	2005		10/3	3019	1		
			30. Nama and eddress of peraon who MICHAEL LEES,					ANE, EAS	STON, N					
	Sta Registr		31. Deta filed (Month, Day, Yaar) NOV - 1	32. Ragistrai					, -					
			1104 7	1009		- (

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State of Maryland / Department of Health and Mental Hygiene 96 34056

						Cer	tificate of	Death		Reg. No.		,,,,,	
	Decedent's Neme (First, Middle, Last) Physician								2. Data of De		gag	3. Time of	Death
	Physic		Elmer Her	man Jac	obs				Month October	Day 27, 19	Yeer Q.6	9:00	a.m
	/Medi Examii		4e. Fecility Nama (If not institution, gi		003			4b. City, Town, or L				7.00	a • III
50	LAGIIII	ICI	1718 Star Road					O A-					
H	F			Sex 7. Aga	(In yrs. last b	irthday)	If Undar 1 Yaar	Queen At	nne 8 Data of Bir	Queen			r Foreign
п	Funeral Director	ļ.	213-24-0502	1⊠M 2□F		Yrs.	Months Deys	Hours Min.	8. Data of Bir (Month, De	y, Year)		leca (State o	roreign
			Usual Residence of Decedent		00				June 14	1928	Mary	land	
	dand		10a. Stata 10b. County		10c. City, Tov	wn or Lo	cation				1	Od. Insida Cit	ly Limits
	Man	Ö	Maryland Queen	Annoc	Queen	A == ==						1 ☐ Yes	2 No
	the 28s	Director	10e. Street end Number	annes	Queen	AIIII	10f. Zip Code			10g. Citizen of 1	What Coun	to/?	
	with a										THO COUNT	,.	
	seth m 23	Funeral	1718 Star Road 11. Merital Stetus	12 Was Dagedon E	ror in II C	12 1	21657	Hispanic Origin? (Sp	noife Van er Ne	USA	e - Amaric	an Indian	
	hen hen	ä	1 Nevar Married 2 Married	12. Was Decedent Ev Armed Forcas?	W III 0,3.	13. 1	Yas, specify Cub	en, Mexican, Puerto	Rican, etc.)		ck, White,		
20	d within 72 hours efter deeth with the Maryland ilene. Then "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at	by F	3 □ Widowed 4 □ Divorced	1 X Yes 2 □ No If Yes, Giva Yeer or Detes:		1	☐ Yes 2X No	Specify:		Specif	Blac	k	
9	hou	B	15. Decedent's E		164	Donad	entic Heuri Occur	nation		10h Kind of D	. alma a a fin a	le coden c	
15	E * 8	Completed	(Specify only highast gi	ade completed)	106	(Give	kind of work done	pation during most of worl d)	king	16b. Kind of B	usinassinic	lustry	
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9	₩ ₹ ₹ £		17. Fathar's Name (First, Middle, Las	t)		Labo	rer	18. Mother's Nem	a (Firet Middle	Constr		n	
an	A S S	Be	The state of the s	,							,		
7	d Me d Me reark reatic	10	Percy Jenkins 19e. Informent's Neme/Reletionship	7	1.0			Minnie				-1107	
Maryland 21215-0020	122			. ,,				and Number or Ru					
			Alice Mae Jacol 20e. Method of Disposition	os- Wile				ad, Queer	Dete Dete			657	
Ö			1 Burial 2 Cremetion 3 [Removel from Stete			sition (Name of natory or other ple	1 4	27/	20c. Location			
altimore,	men men tant: jury		4 ☐ Donetion 5 ☐ Other (Speci	-	Capi	tol	Cremator	у 1	1/2/96	Dover,	Dela	ware	
Bal	permit. Pages Depertment of Important: If it any injury or otice.		21. Signature of Funerel Service Lice	neee	_	22	Neme and Addra	ss of Facility Smith Fun	1 11 .				
ш	20539							x 1687, F			a 21	601	
			23a. Pert1. Enter the disaasa, or con shock, or ceart feilure. List only	nplications thet caused the	ha daath. Do	not ente	er the mode of dylr	ng, such as cardiec	or raspiretory e	rrest,	0 41	Approximete	.
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	certificate be executed ding physician and se as the burlal-transit	Examiner	Sequentially list conditions	p. Hype	ue to (or es e	conseq	neuce ot).					10+	years
oʻ	exec an ar rial-tr		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	-	1- 0		0+	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mall	11	1	154	
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	thet the death ned by the etter detached for u	Physician	Pert II. Other significant conditions	contributing to death but	not resulting	in the un	dertylna cause ak	ven in Pert I	23h Did	tobacco use co	ntribute to	the cause o	of death?
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Vital Records,	requires ween sign hould be	D D	Ulcer						24a. Wes	an eutopsy		ra autopsy fi	
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e	dcian: The l certificate he rector, pege								10	Yes 2 No	10	Yes 2□	No
¥.	Physician: this certific ral director,	Be	25. Wes case rafarred to medical examiner?	Hospitei:	<u></u>		044	26. Plece of Dee	th (Check only o	one)			
o	Phys this al dir	T ₀	1 ☐ Yes 2 No	1 LJ inpatient				4 Li Nursing H		denca 6 □Oth		")	
5	D 5 5	on	27. Menner of Death Netural 5 Pending	28a. Dete of Injury (Month, Dey)	(ear) 28b.	Tima of Injury	28c. Injur Wor		28d. Describe	how injury occur	rea		
Sign	Attending or death.	cat	2 Accident investigetion 3 Suicide 6 Could not t	NA				Yes 2 □ No					
Division	filer of direct	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury building, etc.	/ - At home, f (Specify)	erm, stre	et, factory, office		281. Location (Street end Numb wn, Stete)	er or Rura	l Route Numi	ber,
	urs e rai D												
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune.	edical	29e. Certifier 1 Certifying Pl (Check only one) 2 Medical Example	nysician: To the best of a miner: On the bests of each	xaminetion er	e, deeth nd/or inv	occurred et the tir estigation, in my o	me, date and pleca, plnion, deeth occur	end due to the red et the time,	cause(s) and me dete end plece,	enner es st end dua to	eted. the cause(s))
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	5 1 ½ 5 8	-	29b. Signeture and title of certifier				29c. Licens			29d. Dete signe		эву, төаг)	
			68				133	3294		10/2	9196		
			30. Neme end eddress of person who	completed cause of dee	th (Item 23a)	(Type, F							
			Rob Lappin Mi		Norkel	5	t. Dent	on, Mar	yland	2162	9		
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer	s Signatura	ب	1 00	,					
	Registr	ar	OCT 3 1	1996 Jul	n Wacyds	on-ly	andelle						



ospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

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31. DATE FILED (Month, Day! Year)

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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	ified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
END	R. /	er d
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 28 1956 O CT. MARY JONES 8:14 AM ELZENIA 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. Oct. 9, 1 M 2 X F 212-09-4794 86 1910 Maryland 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Wesleyan Nursing Care Center Denton Caroline RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e STATE 10d. INSIDE CITY LIMITS? Maryland Queen Annes Chester 1 YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE Route 2, Box 701 21619 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricsn, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: Black BY 3XXWidowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 2nd Nursing Assistant Hospital 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Pierce Henrietta Wallace BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Thomas Henry Pierce P.O. Box 217, Chester, Maryland 21619 20s. METHOO OF DISPOSITION

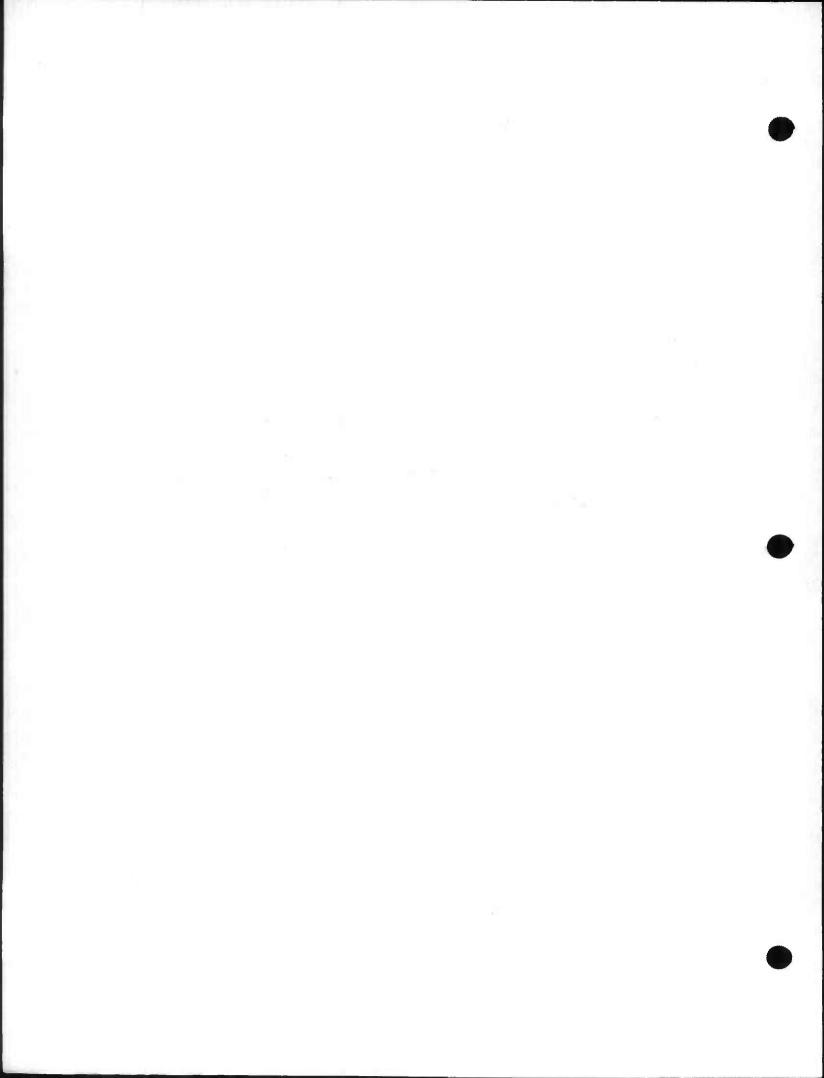
1 Surfer 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Wesley U.M. Church Cem. 10/31/96 Chester, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601 23 PART I. Enter the discuss, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): 14 resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE t TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NOW UNCERTAIN PHYSICIAN: 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 🖾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE WHILE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 80CE0 10/28/96

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gan 3 REGISTRAR'S SIGNATURE

whis Davidson-Randell

210r D. Drah Drue Uhote, MD 2/6/9



State of Maryland / Department of Health and Mental Hygiene 0.0

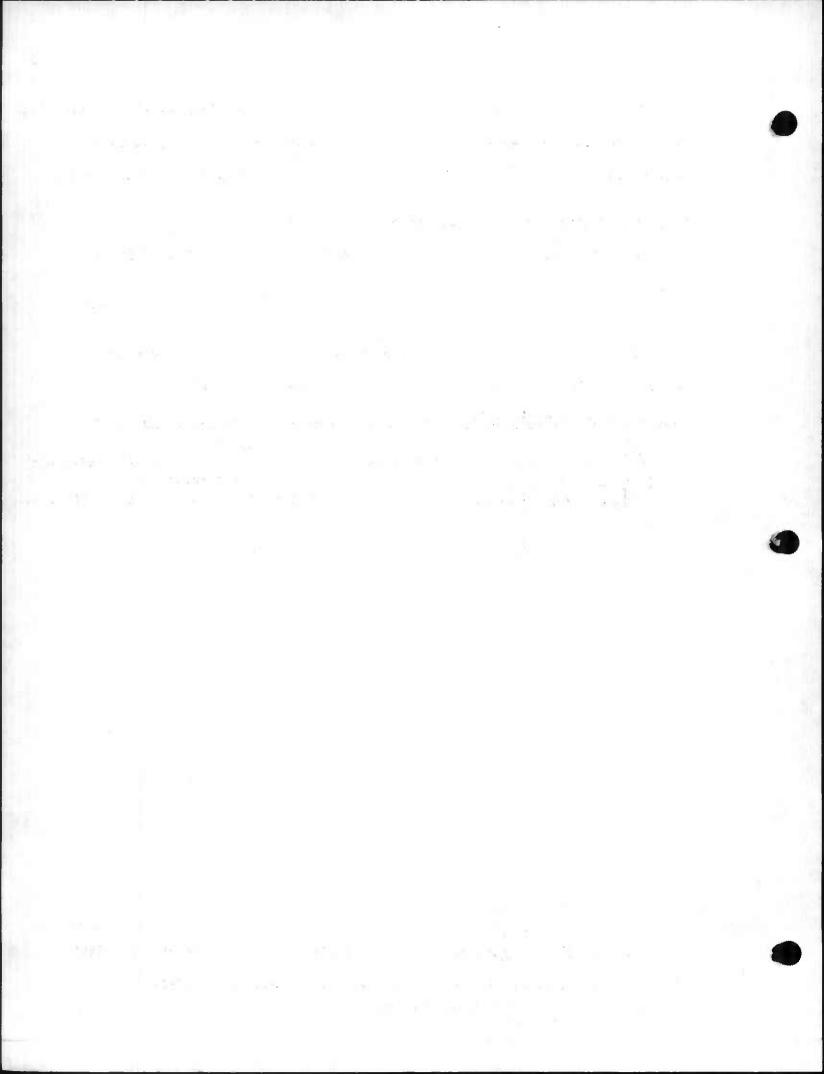
					ar y ron ro		tificate of	Death		Reg. No.	0	34020
	Dh!-!		1. Decedent's Name (First, Middle, Last)						2. Dete of De Month		Voor	3. Time of Death
	Physici /Medic		Louis Carl Jacob	os, Jr.					Octobe		Year 996	4:30 pm
	Examir		4e. Facility Neme (If not institution, give s					4b. City, Town, or	Location of Deat	4c. County	of Deeth	
			College View Cente					Frede			reder	
L	Funeral Director		210-70-0277	M 2□ F 30	e (In yrs. last	Yrs.	Months Deys			th 19, Year) 9, 1965	9. Birthp Coun Mar	lece (State or Foreign try) yland
	and w		Usual Residence of Decedant 10a. Stete 10b. County		10c. City, T	own or Loc	eation				10	Od. Inside City Limits
	Maryl Febr	Ö	Maryland Frederic	,	Fre	ederi	ck				1.	xiv Yes 2□No
	28e	Directo	10e. Street and Number		FIC	cuelli	10f. Zip Coda		1	10g. Citizen of V	Vhat Coun	trv?
	3a o		1000 Heather Ridge	Dr I-3	11		21702)		United S		
	death	Funeral		2. Was Decedent I		13. V		Hispenic Origin? (S ban, Mexican, Puer			e - Americ	an Indian,
21215-0020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic event, the Medical Examine: must be notified at	by	1 ☐ Never Married	Armed Forces? 1 ☐ Yes 2 X X If Yes, Give Yaer or Dates:	ΝÍO		Yas, specify Cul		to Hican, atc.)	Specify	k, White, Wh	ite
2-0	72 ho	Be Completed	15. Decedent's Educ	ation	1	6a. Deced	ent's Usuel Occu	pation a during most of wo	ut in a	16b. Kind of Bu	siness/inc	fustry
7	an and	npie	(Specify only highast grada Elementery/Secondery (0-12)	College (1-4or 5	i+)	life. D	OO NOT use retin	ed)	rking			
7	ygien yer th	Co	12th			Ca	rpenter				Lding	
Maryland	be fill		17. Fether's Nema (First, Middle, Last)	0					me (First, Middia,		Θ)	
Ž	J Mer J Mer Jarke	2	Louis Carl Jacobs						Naomi Me			
Z Z	d2st than 7 ia n traun		19e. Informent's Neme/Relationship (Typ					ot and Number or Ru				
	1 and Health em 27 other tr		Sherry Lynn Jacobs 20e. Method of Disposition	s, wire	20h Piece	e of Dispos	sition (Name of	Ridge Dr	. J-311 Dete	20c. Location -		
0	Pages nant of I nnt: If ite ury or o		Burlal 2 Cremetion 3 Re	emovel from Stete		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	atory or other pi	,				
Baltimore,	artma ortam injur		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses	6	Mt. (t Cemete	ery	10/23/96	Freder	Lck,	Maryland
m m	permit. Pages 1 and 2 should by Departmant of Health and Menta Important: If Item 27 is marked any injury or other traumatic as once.		>	0		1.0	21 0 -	ass of Fecility Sta	auffer F	uneral I	Homes	
			Day Park Enter the deaths or comple	Lava	GO Touth F		-	sumtown P			MD	21702
V.	Physician		23a Part . Enter the disease, or complic sheck, or heart failure. List only one	e cause on each lin	gur coatii. L	JO HOU SINE	i the mode of dy	ing, such as cardial	or respiretory e	rrest,		Approximete Intervel Between Onset end Death
į,	/Medical		Immediate Cause (Final	Acal		-7-	7					
	Examiner		diseesa or condition resulting in death) a.	VISDA	Due to (or as	200	10000 of/:				i	
	P ==	ner			Dee 10 (01 as	e consequ	zence or).					
	requires that the death cardificate be assouted een signed by the attanding physician and hould be detached for use as the burial-transit	Examiner	Sequentially list conditions,		Due to (or es	e consequ	uence of):					
Ö,	e axe		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury c.								i I	
68760,	sate b	Aedical	that initiated events resulting In death) Last		Due to (or as	a consequ	ence of):				1	
9 X	artific fing p		d.									
Rox	es that tha daath car igned by the attandin be detached for usa	Physician/	- 4.									
o.	ha da	ysic	Pert II. Other significant conditions conti	ributing to death bu	ut not resultin	g in the un	derlying cause g	iven in Pert I.	23b. Did	tobacco use cor	ntribute to	the cause of death?
7	that the ed by detail								1 🗆	Yes 2 1 No	3 Prot	ably 4 Unknown
Vital Records,	ulres sign ld be	d by							24e Wes	an autopsy	24b. We	ere eutopsy findings
် ဝ		Completed								med?	976	alleble prior to apletion of ceuse
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<u>ra</u>	sician: Tha law cartificate has t irector, paga 2 s		25. Wes cese referred to medical					06 Place of Do	10	1	11	Yes 2□ No
5	Physician: this cartific ral director,	o Be	examiner?	ospitel:	nt 2□EB/	(Outpetient		han	eth <i>(Check only d</i> lome 5 ☐ Resk		ar /Soecifi	()
0	g Phy arthis aral d	n: T	27. Menner of Death	28a. Dete of tnjur	y 28	b. Time of Injury	P 28c. Inju			how Injury occurr		/
0	ath.	atio	1 □ Naturel 5 □ Pending 2 □ Accident investigation	9-7-C	16 8	7: 40	7, M 10	Yes 2 ₽No	X	langin	9	
DIVISION	I or Attending I after death. Director: After I in by the funat	Certification:	3 Suicide 6 ☐ Could not be determined	28e. Plece of Inju	iry - At home	, ferm, stre	et, factory, office			Street and Numb		
2	Itaio Irs afi al Di led ir				017	me			Freder	eather Ki	dge	br. J-311
	To the Heepital or Attending Physician: into 24 hours after death. To the Funeral Director: After this certific completaly filled in by the funaral director.	edicai	29a. Certifier (Check only one) 1 Certifying Physic 2 Medicat Examine	clan: To the best of er: On the basis of end menner ste	axaminetion	dge, deeth end/or inve	occurred et the t estigation, in my	ime, dete end plece opinion, deeth occu	, end due to tha	cause(s) and me	nner es st	eted.
	To the Within 2 To the comple	Me	29b. Signature and titla of certifiar			- 2	29c. Licen	sa number		29d. Data signed	(Month, i	Day, Year)
			Chron.	taus	21	rp	D3	5164		10/19	196	
		ŀ	30. Name end eddress of person who com	npleted cause of de	ath (Item 23	a) (Type, F				10/19/	30	
			Dr. Andrew Zarick					Frederic	. Marvl	and 217	702	
			- Joseph						-,		- L	

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	e of	Death			Reg. No.			
		1. Decedent's Name (First, Middle, L.	ast)								2. Date of Death Month Day Voor			
Physic /Med		ETHEL M.	JARRETT							Month OCTOBE	R 26, 19	Year 996	4:40 A.M	
Exam		4a. Facility Name (If not institution, gi						4b. City, To		ation of Deeth			1110 11111	
		Wilson Health Ca	re Center					Gaith	nersb	ure	Monte	gomer	v	
Funera				(In yrs. le	ast birthday)			If Under		8. Date of Bir (Month, Da		-	place (State or Foreign	
Directo		212-05-2666	1□ M 2\(\overline{\chi}\)F	86	Yrs.	Months	Days	Hours	Min.	(Month, Da	1, 1910	Mary	atry)	
Т		Usual Residence of Decedent								ilug. I	1, 1710	mary	Tulia	
rylar		10a. State 10b. County		10c. City	, Town or Lo	ocation						1	10d. Inside City Limits	
Ma P-f-	cto	Maryland Montgom	ery	Gait	hersb	urg							1 Ves 2 No	
# 28 #	Directo	10e. Street and Number	-			10f. Zip	Code				10g. Citizen of	What Cour	ntry?	
15 wil		301 Russell Aven	ue				208	77			United	Stat	es	
dea	Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S	3. 13.	Was Deced	ent of I	lispanic Ori	gin? (Spec	cify Yes or No	- 14. Rac	ce - Americ		
or Its		1 X Never Married 2 ☐ Married	1 ☐ Yes 2 X N	0				an, Mexican		ticen, etc.)		ck, White,	etc.	
ours Pal'.	by	3 Widowed 4 Divorced	If Yes, Give Year or Dates:			1 ☐ Yes 2	NO KA	Specify:			Specif	Whi	ite	
and 21215-0020 be filed within 72 hours after death with the Maryland tiel Hygiene. I other than "natural", or Items 23s or 28s-f ehow event, the Medical Examinar must be notified as	Completed	15. Decedent's E (Specify only highest gr	ducetion		16a. Dece	dent's Usual	Occup	oation during most	t of working	0	16b. Kind of B	usiness/in	dustry	
21 8. Ithiu	pjdu	Elementary/Secondery (0-12)	College (1-4or 5-	-)	life.	DO NOT us	e retire	d)	OF WORKING	9				
id 212 filed withi Hygiene. other then	Con	12			Se	creta	ry				Gove	rnmen	t	
Net He	Be	17. Father's Name (First, Middle, Las	7)					18. Mothe	r's Name	(First, Middle,	Maiden Surnar	ne)		
	10	John Richard	Jarret	t				Amar	ıda	Wen	k			
Maryla d 2 should th and Mer 7 Is marke traumatic	1	19a. Informant's Name/Relationship	(Type, Print)		19b. Maili	ng Address	(Street	and Numbe	er or Rural	Route Numb	er, City or Town	State, Zip	Code)	
2.5		Kathryn McAlevy,	Administra	tor	301 R	ussel:	1 A	venue,	Gai	thersb	urg, MD	2087	7	
ore, of Heal Of Heal		20a. Method of Disposition	Λ	20b. Pla	ace of Dispo	sition (Nam	e of			Date	20c. Location			
Pag Pag		1 Buria 2 XCremation 3 L 4 Donation 5 Other (Speci	JRemovat from State fy)			-		natory		t. 28, 996	Alavan	dria	Virginia	
200-0		21. Signature of Funefal Service Lice	nsed					ss of Facilit			uneral l		VIIgIIIIa	
D Dep on o		1 H	H.		1	O E	4 D	D.					MD 20077	
		23a. Part1 Enter the disease, or con	polications that caused t	he death							Gaither	sburg	, MD 20877 Approximate	
Dhysisian		23a. Part1 Enlar the disease, or com shock, or heart failud. List only	one cause on each line).			, o. o,	g, 00000	04.000	respiratory s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Interval Between Onset and Deeth	
Physician /Medical		immediete Cause (Final										1		
Examiner		disease or condition resulting in death)	a. Lung Ca	incer									Years	
200	ē		С	ue to (or	es a consec	quence of):						ļ		
ted	Examiner		b											
secu end	xar	Sequentially list conditions, if any, leeding to immediate	D	ue to (or	as a consec	quence of):					İ			
68/60 fricete be e g physician as the buri		ceuse. Enter Underlying Cause (Disease or Injury thet Initiated events	c		_									
OX 68 / 6U, certificate be executed iding physician end ise as the buriel-trensit	//Medicai	resulting in death) Last	D	ue to (or	as a conseq	uence of):						ļ I		
certi nding use a			d											
is, F.C. BG es that the death igned by the atten be deteched for u	Physician	D				<u>-</u>				1				
che the che	ysi	Part II. Other significent conditions of	contributing to death but	not resul	ting in the u	nderlying ce	use giv	en in Part I.	•				o the cause of death?	
Ords, P.C. requires that the seen signed by the hould be detech-		Chronic Bronchi	tis							10	Yes 2□ No	3 Prol	bably 4 ☐ Unknown	
dS, uires ti signe	d by									240 Wee	an autopsy	24h W	ere eutopsy findings	
ecord law require es been si	ete										rmed?	eva	allable prior to	
The law ete hes b	Completed												death?	
The The page	Ö									101	Yes 2 No	1[☐ Yes 2☐ No	
ysician: Thysician is certificete director, pag	Be	25. Was cese referred to medical examiner?							of Deeth	(Check only o	me)			
Physic Physic this c	2	1 ☐ Yes 2 🖾 No	Hospital: 1 Inpatien		R/Outpetier	nt 3□ DO/	A Oth	er: 4 🖾 Nu	rsing Hom	e 5 🗆 Resid	dence 6 Oth	ner (Specif	y)	
SION O	ë.	27. Menner of Death 1 X Natural 5 ☐ Pending	28a. Dete of Injury (Month, Day	Year)	28b. Time of Injury	28	c. Injui Wo	y at rk?	28	8d. Describe I	now Injury occur	red		
SIO endii or: A the fu	ati	2 ☐ Accident investigatio				М		Yes 2 1	No					
or Attending after death. Director: Afte lin by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined		y - At hon (Specify)	ne, farm, str	eet, fectory,	office		28	Bf. Location (S City or Tov	Street and Numb vn, State)	per or Rura	I Route Number,	
led in D	Ce													
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	edicai	(Check only 2 Medical Exar	yalclan: To the best of niner: On the basis of e	my know	ledge, death	occurred a	t the tir	ne, date and	d place, an	nd due to the	ceuse(s) and me	and due to	lated.	
the I hin 2 the I	Med	one)	and manner state	ed.				- 2712-27						
5 2 5 8		29b. Signature and title of certifier	000			29c.	Licens	e number			29d. Dete signe	d (Month,	Day, Year)	
		Land	O. Ve	10	up	D:	239	11			October	26,	1996	
		30. Name and address of person who	completed ceuse of dea	ath (Item :	23e) (Type,	Print)								
'		David A. Blass,					Rd	., Bet	hesda	a, MD	20814			
	ate	31. Date filed (Month, Day, Year)	30 Registrar	s Signatu	Prode	90								
Regist	rar	OCT 3 1 1996	u a ka	V14001	Market									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

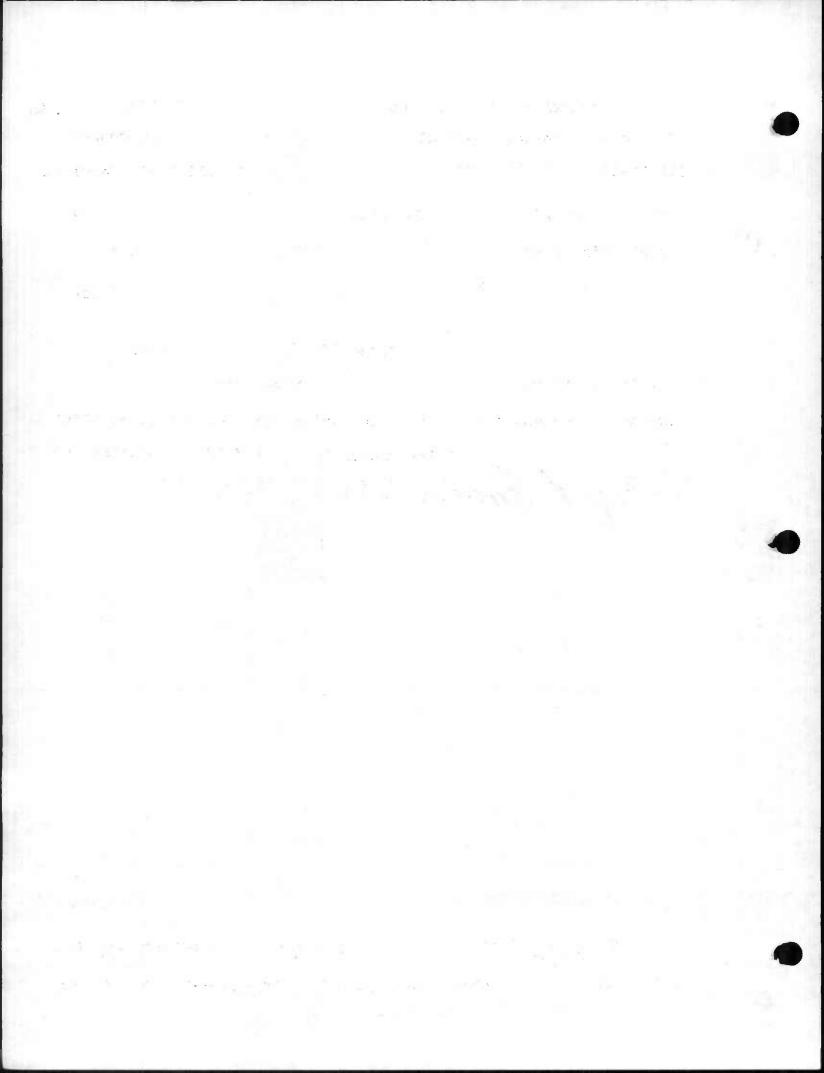
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1 - DECEMBRY NAME (First, Middle Last)

_					OLITIII	IVALL	- 01	PLA			REG. NO			
3	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF				3. TIME OF DEATH
- 2	S	ADIE	M.	JOHN	SON					OCT.	27	. 19	YEAR	5:45 A M
	4. SOCIAL SECURITY NUM	BER	5. SEX		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH	7	8. BIRTI	IPLACE (State or Foreign
	512-34-830	26	1 🗌 M 2 😿 F	88	YRS.	MONTHS	DAYS	HOURS	BRIN.	JAN.	ay. Year)	1908	Count	ANSAS
	9a. FACILITY NAME (If not it					9b, CITY	TOWN	R LOCATI	ON OF DE		٠٠,		NTY OF D	
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DIRECTOR	RESIDENCE OF DE		MOIDTING	TOME		5	۱۷۰۱۱	en S.	PRIN	نا			TINOM	GOMERY
E I	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
듬	MD.	MON	TGOMERY			ST	LVE	RSP	RTNG					LIMITS?
	10e. STREET AND NUMBER							ZIP COD				100 CIT	IZEN OF 1	WHAT COUNTRY?
FUNERAL	1000 1	DALEVIE	מת גויי				101					log. Cit		
Z	11. MARITAL STATUS	ATT A TTE	12. WAS DECEDEN	T 51/50 W		1			0901				U.S.	
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B	3 Widowed 4 Div	orced	IF YES, GIVE V	WAR OR DATES	В	1	YES	2 10 NO	Specify	/ :			Spec	
	15. DEC	EDENT'S EDUC	CATION	10.	a. DECEDENT'S	LISUAL OC	CHIDATIC	MA.		405 40		1		WHITE
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COMPLETED	17. FATHER'S NAME (First, A	TOOS	SEWIF	T.		THER'S NAME (First, Middle, Meiden Sumeme)								
			QUANT OF STREET	TTDO				18. MOT				Sumame)		
H		RENCE	PHII	LIPS						CATHERINE VOLZ				
2	19a. INFORMANT'S NAME (,							Poute Number,				
-	JUDY K.	JACINI	HO/DAUGH	9436	TR	EVI	TT OF	ERR.	, LAUR	EL,	MD. 2	20708	3	
- 1	20a. METHOD OF DISPOSIT 1 ☐ Burlai 2 😿 Cremetic		wel from State	ACE AND DATE OF DISPOSITION (Name of a cremetory of other place)					DATE	20c. LO	CATION —	City or To	wn, State	
- 1	4 Donation 5 Donat	r (Specify)		AMBERS	RS CREMATORY 10/29 RIVERDAL							E. MD.		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	EMSEE		22. NAME AND ADDRESS OF FACILITY									
	> 21/A/	Phn.	00091	W. W. CHAMBERS CO. INC., SILVER SPRING, M								20910		
	23. PART i. Enter the d	nt enter	the me	CHAI	IDE R	5 00.	TING.	الللاذر	ER					
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	that initiated events resulting in death) LAS	T.	DOE 10	(OR AS A CO	NSEGUENCE OF	y								
			l											
	PART II. Other algnifica	ant conditions	contributing to	death but r	not resulting	n the un	derivino	Cause	givan in	Part i. 24	a. WAS AN	AUTOPSV	246	. WERE AUTOPSY FINDINGS
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3	25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)				
2	1 TES 2 NO		1 Inpatient 2	ER/Outpetier	m 3 🗆 DOA	OTMER 4 X Nurs	ing Home	5 🗆 Re	esidence	8 Other (S	oecify)			
ru raician.	27. MANNER OF DEATH		28n. DATE OF (Month, D		28b. TIM	E/OF URY	28c. INJU	JRY AT		28d. DESCR	BE HOW I	NJURY OC	CURED	
	1 Heturel 5 2 Accident	Pending Investigation				M		ES 2	ON [
	a D culates	Could not be	28s. PLACE O	F INJURY — /	At home, farm, s	treel, facto	ory, office			28f. LOCATIO	ON (Street a	nd Number	or Rural I	Route Number,
COMPLEIED	4 Homicide	determined	- Containing,	(opoury)						City of I	own, State)			
ונ	29a. CERTIFIER 1 CERT	TIFYING PHYSIC	JAN: To the heet of	my knowledo	e death assum	el et the ti	_ 44.		CALCULATE OF					
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3						, my of	onnon, de	etti occui	ou at the	ume, deta and	piace, en	u due to th	e canse(s	and manner as stated.
4	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICI	ENSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)
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	30. NAME AND ADDRESS O	F PERSON WHO		SE OF DEATH	(ITEM 27) (Type,			Λ		/	,			2001
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2	30. NAME AND AUDRESS O	ZLE	COMPLETED CAUS	R'S SIGNATUR	200 6	Buck	ingo	Λ		Sil	Ver	Swi	LR	2090/

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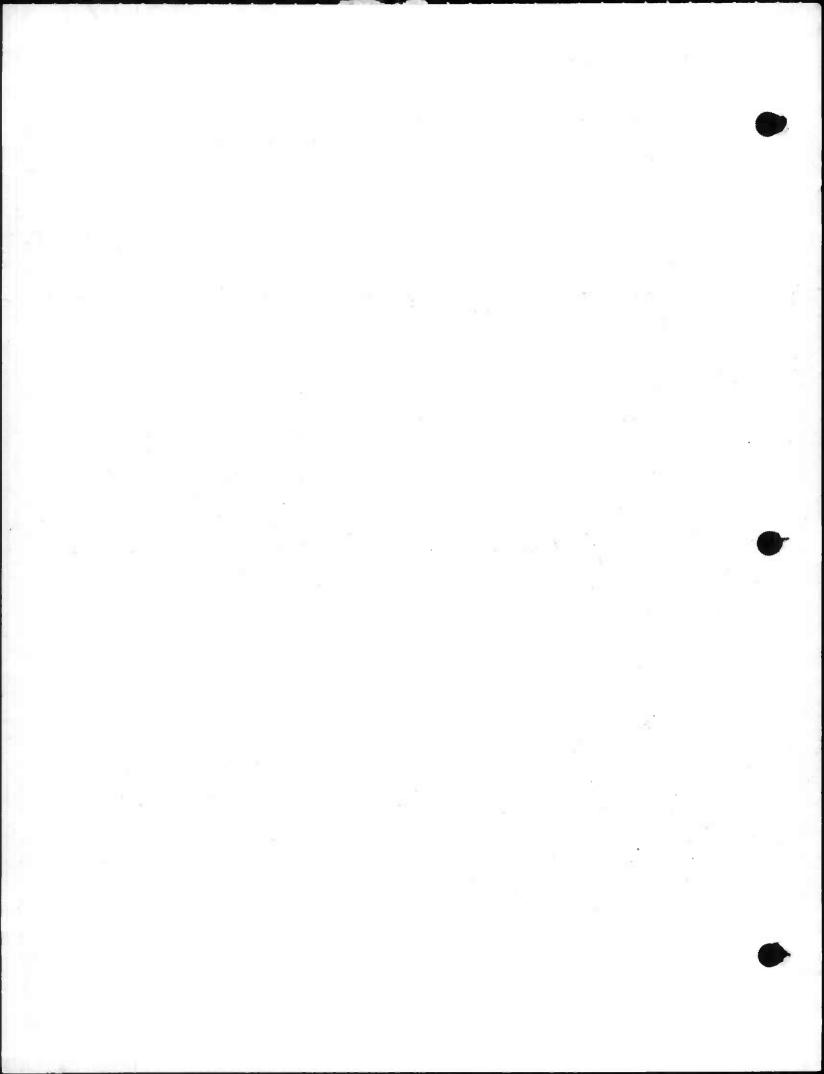
							_		cate of	Death		Reg. No.	96	34001
ı	Physic	ian	Decedent's Name (Firs	, <i>Middle, Li</i> ither		E	Tong	0.00			2. Date of De	Day	96	3. Tima of Death
1	/Medi Examii		4a. Facility Name (If not in			E.	Jens	OH		4b. City, Town, or L	Oct.	-		IIAM
7	Exami	iei	Montgomer	_			pital			Olney			ITGOM	ERY
	Funeral Director		5. Social Sacurity Number 218-32-005 Usual Residence of Dece	0	Sex 1□ M 2014	7. Age 6	(In yrs. lest birth	Mor	Inder 1 Yaar hths Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da Dec .]	th Year) 927	9. Birthpl Count Ma	aca (Stete or Foreign ryland
	dand ow			County			10c. City, Town	or Location)				10	Od. Inside City Limits
	the Marylar 28a-f show	tor	MD	Howa	rd		Wo	odbi	ne					XXYas 2□No
	ter death with the items 23a or 28 ner must be no	Funeral Director	10e. Street and Number 3461 Dai	sy R	load			10	f. Zip Code 2]	797	- 17 5	10g. Citizen of U.	What Count	try?
020	filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or Nems 23a or 28a-1 show ont, the Medical Examinar must be notited at	by Funer	11. Marital Status 1 Never Married 2 3 Widowed 4 D		12. Was Dec Armed F 1 Yes If Yes, G Yaar or I	Forces? 2 PNo ive			Decedent of H specify Cub es 2X No	Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yas or No Rican, etc.)	14. Rad Bla Specif	ce - America ck, White, a y: Bl	
21215-0020	within 72 ho ena. than "natu te Wedical	Completed by	15. Di (Spacify only Elementery/Secondary 12th	1	eda completed,	(1-4or 5+)	16a. E		Usual Occup of work done OT use retire	pation during most of world)	king	16b. Kind of B		ustry
d 2	be filed withintal Hygiena.		17. Father's Name (First, I	Middle, Lasi	!)			1100	SCWII	18. Mother's Nam	ne (First, Middle			
Maryland	d fa b	To Be	William E	. Му	ers						Myers		,	
lary	d 2 should th and Mer 7 is marke traumatic	_	19e. Informant's Name/Re	lationship ((Type, Print)		19b. I	Mailing Add	dress (Street	end Number or Ru	ral Route Numb	er, City or Town	, Stete, Zip	Code)
	5 4 5 E		Lawrence S		nson	(Hus	band)			aisy Roa	d, Woo	dbine,	MD	21797
Baltimore,	permit. Pages t a Department of Hes Important: if item any Injury or othe		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cran 4 ☐ Donation 5 ☐ O	nation 3		n State	20b. Placa of Demarks, Daisy	cremetory	or other pla		Date .0/31/9	20c. Location 6 Woo		e, MD
Ball	Depart Import any in		21. Signature of Funeral S	ervice Lice	ngée /	ore	blu	SNO	WDEN	FUNERAL	HOME,	P.A.		
	Physician /Medicai		23a. Part1. Entar the dise shock, or heart, ailur	ase, or come. List only	polications that one cause on	causad the	ne death. Do no	enter the	mode of dyir	ng, such as cardiac	or respiratory a	rrest,		Approximate Interval Batween Onset and Deeth
	Examiner	Į.	Immediate Cause (Final disaase or condition resulting in deeth)		e	Di	myo ue to (or as a co			INMEUT	ov		 	
,	axecuted n and ial-trensit	Examiner												20 YEARS
x 68760,	certificeta be axecuted ding physician and se as the burial-trensit	/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	1	c	Du	e to (or as a co	sequance	of):				٧	
Box	deeth cert e attending ed for use a	clan	Port II Other claudicent		and the state of the state of	I - Ab b - A								
, P.O.	by th	by Physician/M	Part II. Other significant c	originoris (contributing to d	seath but	not rasulting in t	ne underly	ing cause giv	en in Part I.		Yes 277 No		the cause of death?
Records,	aw 2 s	Completed b									24a. Was perfo	an autopsy	avai	re autopsy findings llabla prior to apletion of cause eath?
	Page 1	Con									10	Yes 2∰No	10	Yes 2 No
Vital	iclan: The certificate rector, pag	Be	25. Wes case referred to n examiner?	nedical	Hoonital:				0"	26. Place of Deel	th (Check only o	one)		
o	Physiclan: this certific ral director,	- To	1 ☐ Yes 2 ☑ No 27. Menner of Death		Hospital: 1 28a. Dete		2 ER/Outp		DOA Oth	4 Li Nursing Ho		dence 6 Oth		1
Division	or Attending I after deeth. Director: After in by the funer	Certification:	1. Naturel 5 2 Accident 3 Suicide 6	Pending nvestigation Could not b	n (Mon	nth, Dey Y	<i>'ear)</i> Inju	ny M		yat k? Yes 2 □ No		now Injury occur		Pouts Number
2	i Dag	Serti	4 Homlcide	determined	build	ling, etc. (- At home, farm Specify)	, 311001, 14	otory, omca		City or To	vn, Stete)	or or rearer	·
	To the Hospital or Attent within 24 hours after deet To the Funeral Director: completely filled in by the	Medical (29a. Certifier 1 Co (Check only one) 2 Me	ertifying Ph edical Exam	niner: On the b	e best of r pasis of a nner state	amination and/o	eath occur r Investiga	rred at the tin tion, in my o	ne, dete and placa, pinion, death occur	and due to the red at the time,	cause(s) and mo date and place,	enner es sta and due to t	ited. the cause(s)
	within to the company of the company	Σ	29b. Signatura and title of	ertifier	1	1			29c. Licans	a number		29d. Date signe	d (Month, D	ley, Year)
	n-		2	11	P				27	5947		OCTOBS.	2 29	1496
	10		30. Name and eddress of p	erlan who		se of deal	th (Item 23a) (Ty	pe, Print)	no	100	av (il.	- 10	lm >	1320
	Sta Registra		31. Date filed (Month, Dey, OCT 3	Year)	32.5	Registrar's	Signature Ad	ndelle	J.y		yy Vice	-	0 -	-7



th. Page 6 may be retained by the hospital or attending physician. reral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should **MORE, MARYLAND 21215-0020**

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hosp TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the direction physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leat) SAWUEL E 4. SOCIAL SECURITY NUMBER	UGENE	KNO	F UNDER 1 YEAR		2. DATE OF DEATH	1996"	3. TIME OF DEATH BHITHPLACE (State or Foreign
	214-32-4990 9a. FACILITY NAME (If not institution, give	1⊠M2□F 6	3 yrs.	MONTHS DAYS		Sept. 1,	1933 M	aryland
CTOR	8333 Mary Lee La			Laure	_			e Georges
DIRECTOR		ce Georges		town on location	TION			10d. INSIDE CITY LIMITS? 1 KYES 2 NO
FUNERAL	10e. STREET AND NUMBER 8333 Mary Lee La	ne		101	20723		USA	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [X] YES IF YES, GIVE WAR OR KOTEAN	2 NO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Mexican, 2 MO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: hite
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Ille. Do NOT us	ork done during mo retired.)	st of working	16b. KIND OF BU		RY
₩	12. 17. FATHER'S NAME (First, Middle, Last)	3	Electron	nic Spec		Physics		
ВСС	John	Knott			Mary	E(First, Middle, Meiden Elizabet		Kreitz
TO BE	19a. INFORMANT'S NAME (Type/Print) Anna Mary Knott	(Daughte			nd Number or Rural Rose Ave., Thu	ite Number, City or Tox	m, State, Zip Code	(e)
	20e. METHOD OF DISPOSITION 1	noval from State	b. PLACE AND DATE Of metery, cremetory or of UT Lady	F DISPOSITION (Na	ime of	OATE 20c. LO	cation - chy	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AT Robert	ADDRESS OF FACIL	y & Son		Homes, P.A. 21788
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. Attevose Due to (or as Due to (or as C.	each line.	Tareli'	OVCUSCU			Interval Between
MEDICAL	PART II. Other algnificent condition					PERFOI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT		ONCERIAIN	ALI		
YSI	YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: 4 Nursing Hom	e 5 Residence 8	Other (Specify)	1. 2.	N 17 - 16
ВУ РН	27. MANNER OF DEATH All All All All All All All All All Al	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT 2 RK? 'ES 2 NO	8d. DESCRIBE HOW I	NJURY OCCURE	D
	3 Suicide 8 Could not be determined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, at	rest, factory, office	2	Bf. LOCATION (Street City or Town, State)	and Number or Ru	gal-Route Number,
COMPLETED		ICIAN: To the best of my know						use(a) and manner as stated.
TO BE/C	29b. STONATURE AND TITLE OF CERTIFIES	IMLM'	n D31	473	29c. LICENSE NUMBE			INED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH OATRY CF A 31. DATE FILED (Month, Day, Year)	(E) NY	11	molecle	Come	Jay Ell	rice H C	at 4072
	OCT 2 3 199	6 The Drue	Hen Rardall	1		O		



State of Maryland / Department of Health and Mental Hygiene 34063 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death KERN WILLIAM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth GEN'L HOSP COUNTY WESTMINSTER CARROLL 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Days 1MM 2□ F Months 220-22-3918 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Carroll Westminster 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 735 Stone Chapel Road 21157 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 □ Never Married 2 Married 1 Yes 2 No Specify: If Yes, Give Year or Dates: Korcon 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Chief BATF 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Earl Lesley Kern Sr. Augusta Madlyn 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gloria Kern, wife 735 Stone Chapel Rd., Westminster, MD 21157 20b. Placa of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, State 10/30/96 1 ⊠Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Leister's Church Cemetery Westminster, MD 21. Signature of Funeral Servica Licansee 22. Aprendador Fufferal Home & Chapel 412 Washington Rd., Westminster, MD 21157 Sweets 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death

Physician /Medical Examiner

> Bud physicien e s the buriel-1

ete hes been sign page 2 should be

certificete

After

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within 24 hours e To the Funeral C completely filled Hospital

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director.

funeral

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Box 68760.

P.O.

Records,

Division of Vital or Attending Physician:

Immediate Cause (Finel disease or condition resulting in death) Physician/Medical Examiner The law requires that the death certificete be executed -transit

Be Completed by

Certification: To

Medical

Physician

/Medical

Examiner

Funeral

Director

r than "netural", or items 23a or 28a-f show the Medical Examiner must be notified at

I Hygiene.

permit. Pages 1 and 2 should be filled wif Department of Health and Mentel Hygient important: If Item 27 is marked other training or other traumatic event, Item 2008.

efter

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

JOHN

CARROLL

MD

11. Marital Status

10e. Street end Number

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last

20a. Method of Disposition

MYOCARDIAL INFARCT Due to (or es a consequence of):

PONARY ARTS RY \$158A35

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ANS URYSM -

23b. Did tobacco use contribute to the cause of death?

24e. Wes en eutopsy performed?

1 ☐ Yes 2 ☐ No Probably 4 ☐ Unknown

HR

24b. Were autopsy findings available prior to completion of cause of death?

26. Pleca of Death (Check only one)

25. Was case referred to medical 1 Yes 2 No 27. Menner of Deeth

5 Pending investigation

Hospital: 1 ☐ Inpatient 2DXER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dev Yeer) NIA

28b. Time of NAM

Other: 4 Nursing Home 5 Residence 6 Other (Specify) HospiTA2 28c. Injury et Work?

1 ☐ Yes 2 ☐ No Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Steje)

29a. Certifier (Check only one)

1 Natural 2 Accident

3 ☐ Suicide

4 - Homicide

NIA 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end manner stated.

29b. Signature and title of or

31. Dete filed (Month, Day, Year) OCT 2 9 1996

6 Could not be determined

29c. License number

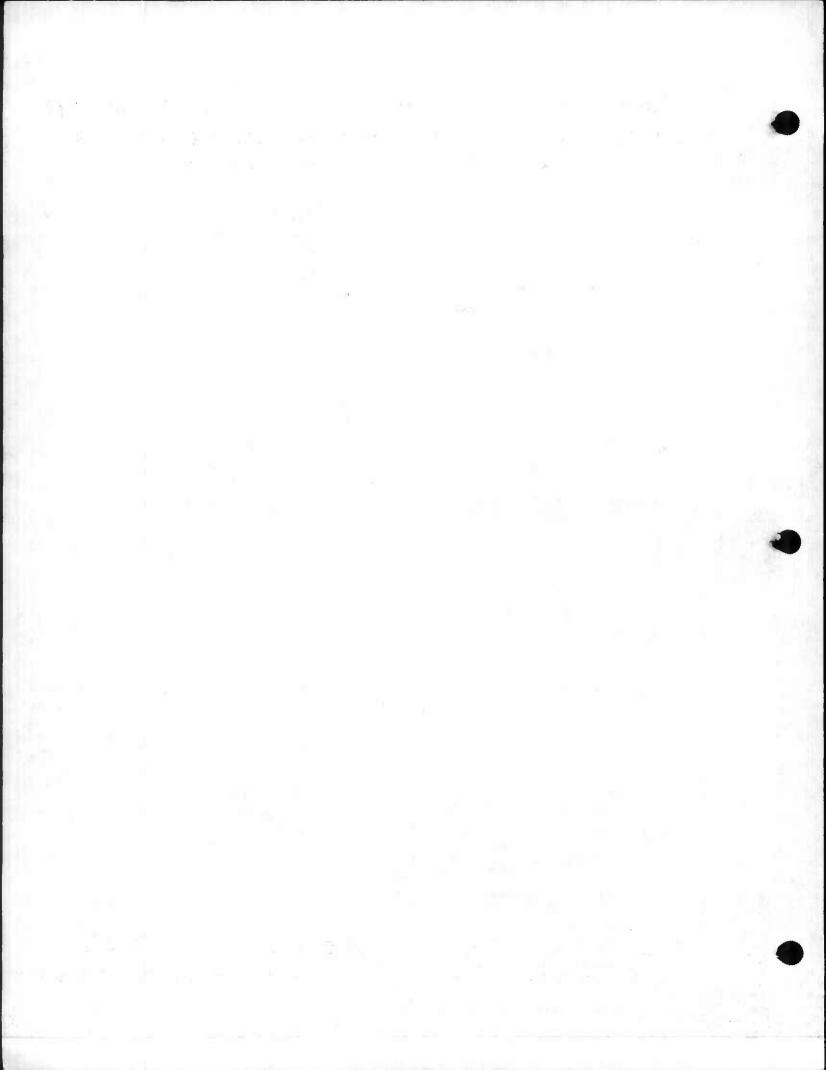
29d. Date signed (Month, Dey, Year)

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) MORNOU MS

CATROLL COUNTY GEN. L

State Registrar

32. Registrar's Signature



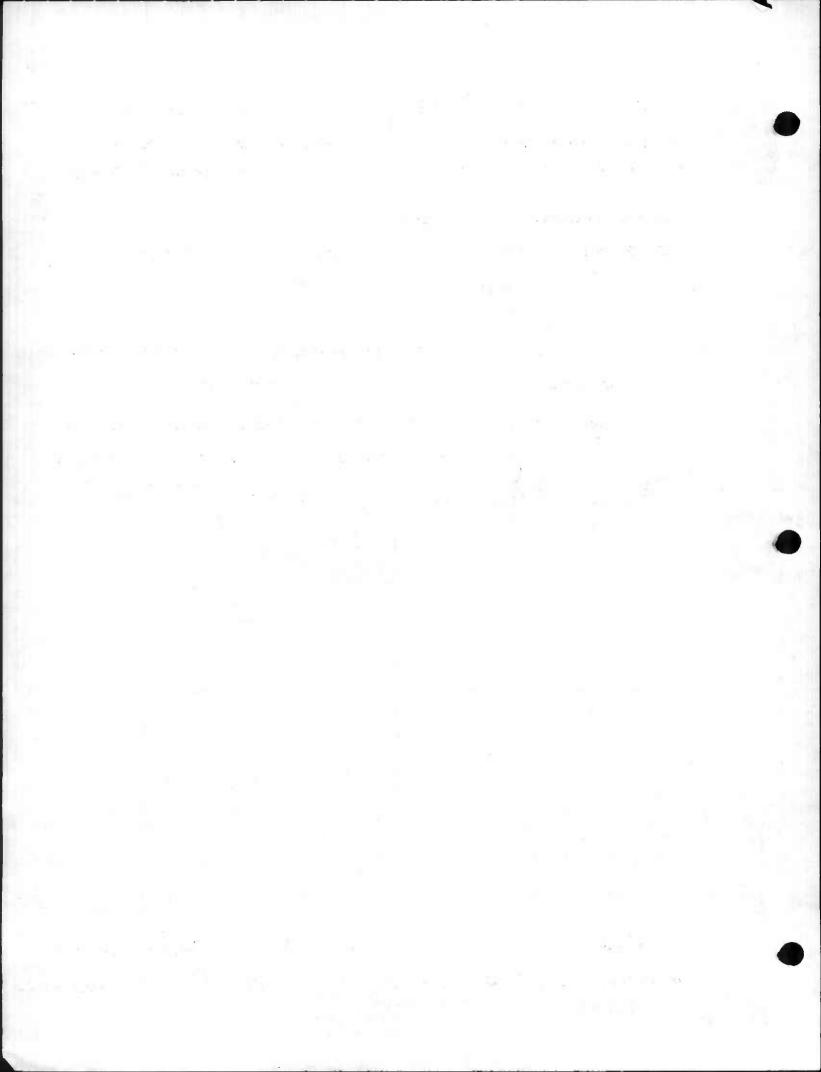
State of Maryland / Department of Health and Mental Hygiene 34064 Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Physician ZEWDIE Month 6:20 PM Oct /Medicai 18 4a. Facility Name (If not institution, giva straat and number) 4b. City. Town, or Location of Death **Examiner** 4c. County of Death Washington Adventist Hospital Takoma Park Montgomery If Undar 24 Hrs. 8. Data of Birth (Month, Day. October 6. Sex 1 → M 2 □ F 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar 9. Birthplaca (Stata or Foraign Country) 10,1956 Ethiopia **Funeral** 578-15-7914 Months Days 40 Yrs. Director Usual Rasidance of Dacedent death with the Maryland 10b. County 10c. City, Town or Location items 23a or 28a-f show 10d. Insida City Limits other traumatic event, the Medical Examiner must be notified at Maryland Montgomery 1 ☐ Yas 2 No Directo Bethesda 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4853 Cordell Ave. 20815 Ethiopia Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes ZXNo If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours efter c Department of Health and Mentel Hygiene. Important: If them 27 is marked other than "natural; or iten eny injury or other traumetic event, the Medical Exercipations. XX Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Black by Specify: 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Sacondary (0-12) College (1-4or 5+) Research contractor National Instute Health 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be unobtainable unobtainable 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 4853 Cordell Ave. #609 Bethesda, MD 20815 Henry Heyward/ friend 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from State Glenwood Cemetery Oct. 29, 1996 Washington, DC 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Takoma Funeral Home, Inc. anature of Funeral Service License 254 Carroll St. NW Washington, DC 20012 erba hat caused tha death. Do nof antar tha mode of dying, such as cardiac or respiratory arrest, ion each line. 23a. Parl 1. Entar tha disa shock, or haart failur . Approximata Intarval Batween **Physician** Immediate Causa (Final disaasa or condition rasulting in death) /Medical Examiner Physiclan/Medical Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediata causa. Entar Underlying Causa (Olsaasa or injury that initiated evants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, ettending physicien for use as the burie Dua to (or as a consaguance of): use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings availabla prior fo complation of cause of daath? 24a. Was an autopsy performed? cartificata has b director, page 2 s 1 🗆 Yas 2 NO 1 ☐ Yas 2 ☐ No 25. Was casa raferred to medical axaminer? director Be 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Hospital: Certification: To 1 Yas 2N No 1 Impatiant 2 ER/Outpatient 3□ DOA 27. Manner of Death Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation after deeth. 1 ☐ Yas 2 ☐ No 2 ☐ Accident the 6 Could not be detarmined 3 Suicida 3 28a. Placa of Injury - At homa, farm, straet, factory, offica building, atc. (Spacify) 28f. Location (Straet and Number or Rural Routa Numbar, City or Town, Stata) 4 Homicida filled in 24 hours a Hospital edicai 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. completaly within 2 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print) 7610 CARROLL AVE ME, TAKOMA PARK, MARYLAND 20912

32. Begintrar's Elgnatura

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 34065 Amended #9, 10/30/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death **Physician** October Lucille King 6:30 a.m. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mediplex Montgomery Gaithersburg 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. 8. Date of Birth
(Month, Day, Yaer) 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) **Funeral** Days 1 □ M 2/X F 205-01-3600 96 Yrs Director September 18, 1900 Maryland Usual Residence of Decadent Kansas the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Mexical Examiner must be notified at 1 Yes 2 No Directo Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8715 First Avenue, Apt. 1223C 20910 U.S.A. daath 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter c Depertment of Health and Mental Hygiana. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Exemples once. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 X No Specify: ρ Specify: 3 ☑ Widowed 4 ☐ Divorced Black Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 4 Housekeeper U.S. Steel 17. Fathar's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumame) Samuel King Lula Gully 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street end Numbar or Rural Routa Numbar, City or Town, Stata, Zip Coda) Kathlyn Smith 8715 First Ave., Apt. 1223C, Silver Spring, MD 20910 20a. Method of Disposition 20b. Place of Disposition (Neme of cematary, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Burial 2 10 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10-30-96 Beltsville, Maryland Chesapeake Crematory 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respirelory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** hr /Medical Immediate Cause (Final STROKE disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner certificate be axecuted physician end s the burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown FIBRILATION ATRIAL by CONGESTIVE HEART PAILURE 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24e. Wes en autopsy performed? DIABRIES MELLITUS cartificata 2X No 1 Yes 2 No Hospital or Attending Physician: 24 hours eftar death. Funeral Director: After this carific 25. Was casa referred to medical 26. Place of Death (Check only ona) axaminer? 1 ☐ Yes 2 🛣 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: Nursing Home 5 Residence 6 Other (Specify) funaral 28a. Data of Injury (Month, Dev Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 ☐ Accident 5 Pending invastigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28f. Location (Streat and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homicida To the Hospital within 24 hours or To the Funeral Complately fillad 29a, Cartifian Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Con the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Con the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one)

State Registrar

30. Neme and address of person who completed causa of death (Item 23a) (Type, Print) Ravi Passi, M.D.

9015 Shady Grove Court, Gaithersburg, Maryland 20422

29c. License number

D 28656

29d. Dale signed (Month, Dey, Year)

10/29/1996

31. Dete filed (Month, Day, Yeer)

29b. Signature and tipe of certifier

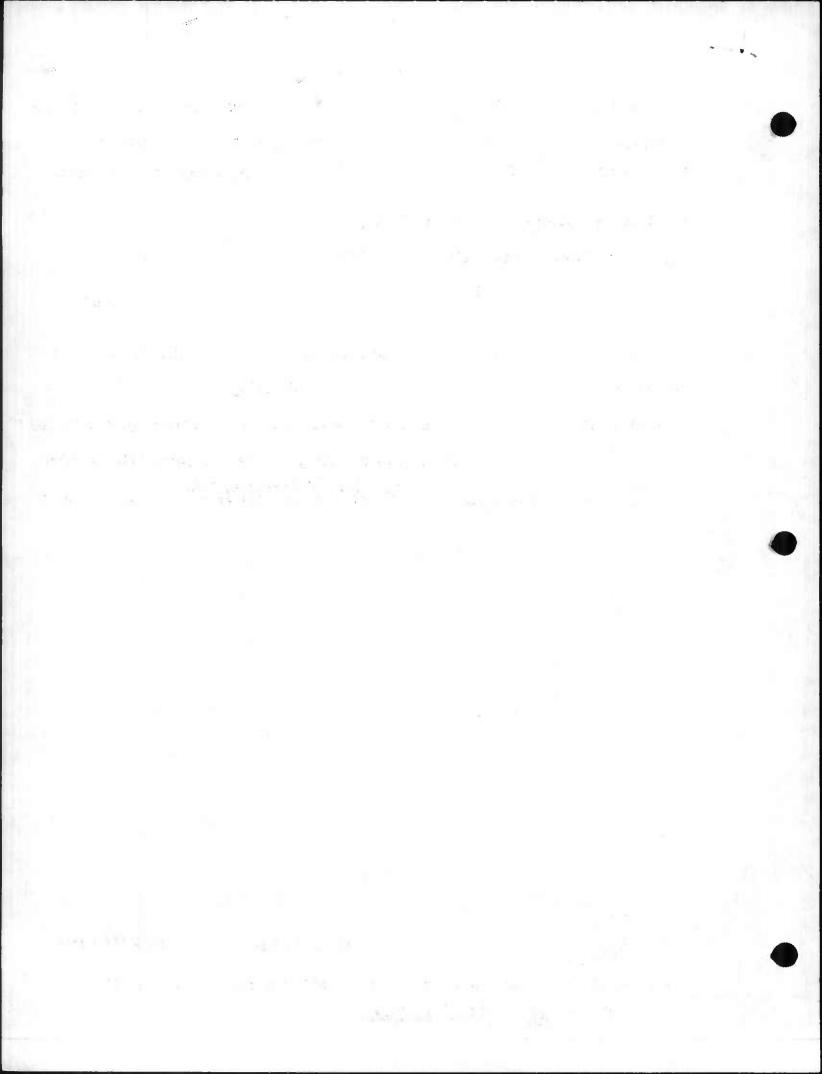
32. Registrar's Signature Julia Davidson

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

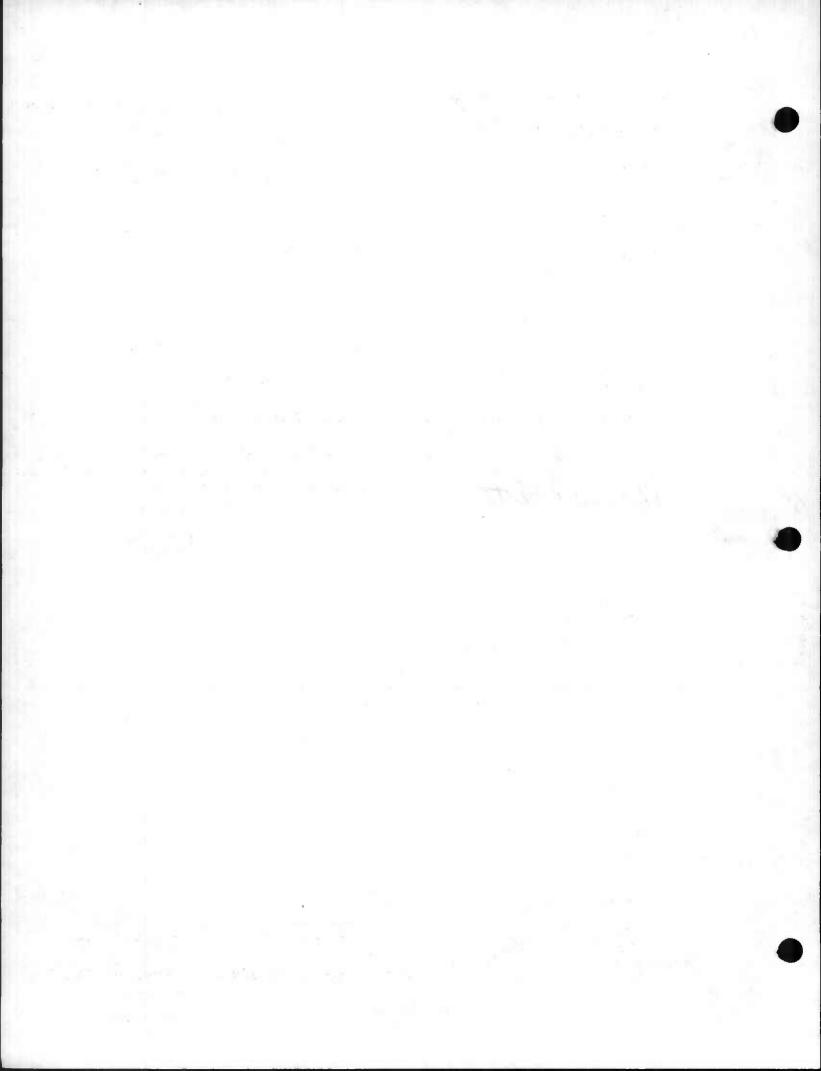
Division of Vital



State of Maryland / Department of Health and Mental Hygiene

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Г	Physic	ian	DAVID MAF		UCH					2. Dete of D Month		Yeer	3. Time of Death
۱	/Medi Exami	cal	4e. Facility Neme (If not institution, 6900 ROCKLED	rive street end number					4b. City, Town, or L			.996 ty of Death 'GOME	11:20AM ERY
	Funeral Director		5. Social Security Number 220-74-4619 Usuel Residence of Decedent	Sex 7. A 123 M 2□ F	ge (In yrs.	lest birth	Months	1 Yaar Deys		8. Dete of B (Month, D	irth Pey, Yeer) 25, 1957	COL	npleca (State or Foreign untry) ryland
	yland		10a. State 10b. County		10c. Cit	y, Town o	or Location						10d. Inside City Limits
	Ba-f st	ctor	Maryland Montgor	nery		C	omus						1 ☐ Yas 2 ☒ No
	ath with the 23a or 21	Funeral Director	10e. Street and Number 23911 Old Hundre	ed Road			10f. Zip (2-9666		10g. Citizen of United		
21215-0020	be filed within 72 hours after death with the Maryland ntal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by	11. Marital Status 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces 1 ☐ Yes ② If Yes, Give Yaar or Detes:	?	S.	13. Was Decede if Yas, specif 1 ☐ Yes 🏖		dispanic Origin? (Sp an, Mexicen, Puarto Specify:	pecify Yes or N Rican, etc.)	lo- 14. Ra Ble Speci	eck, White	ricen Indien, e, etc. White
15-0	natur	Completed	15. Decedent's (Specify only highest of	Educetion rade completed)		16e. D	ecedent's Usual Give kind of work	Occup done	pation during most of work d)	king	16b. Kind of E	Jusiness/îr	ndustry
121	within ena. than	ompi	Elementery/Secondary (0-12)	College (1-4or	5+)		ife. <i>DO NOT u</i> se tems Eng				Comp	uter	
	2 should be filed within and Mental Hygiena. Is marked other than aumatic event, the M	Be Co	17. Father's Neme (First, Middle, La	st)		0,0	COMO ZII	5	18. Mother's Nam	a (First, Middle			
/lar	Venta Venta rked rked	To B	Donald John K	euch, Jr.					Joan Pa	tricia	Bordner		
, Maryland	ss 1 and 2 should be for Health and Mental Hitem 27 is marked of other traumatic ever		19e. Informent's Name/Reletionship Carol Dallen Ke			239	11 01d H	Hun	end Number or Rui dred Road	, Comus	s, Maryl		ip Code) 20842 - 9666
Baltimore,	Pages 1 and of He ut: If item		20e. Method of Disposition 1 Burial 2 Coremation 3 4 Donetion 5 Other (Spe		20b. P	lace of Demetery,	isposition (Nemo cremetory or oth erv Crei	e of ner ple nat	orium, In	Dete 29, 1996	20c. Location Bethesd		
Balti	permit. Page Department (Important: If any Injury or		21. Signeture of Funeral Service Lic	ensee	M003		22. Neme end	Addre	ss of Fecility Ro	bert A. O W. Mo	. Pumphr	ey Fı	uneral Home
	Physician /Medical Examiner	1	23a. Part1. fintar tha diseasa, or contacts, deheert fellure. List on immediate Cause (Final disease or condition resulting in death)	mplicetions that cause y one ceuse on each l	d the deeth ine.	n. Do not			Maryland ng, such as cardiac		0-2805 errest,	1	Approximete Intervel Batween Onset end Deeth
,	executed n and al-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse, (Disease or Injury	b. —	Due to (or	r es e cor	nsequence of):						
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Box	th cer tendin or use	an/M		d									
P.O.	hat the di	y Physician/	Pert II. Other algnificant conditions	contributing to death b	out not rasu	ilting in th	ne underlying car	use giv	ren in Pert I.		i tobacco uee co Yes 2□ No		to the cause of death?
of Vital Records,	2 0	Completed by									s an eutopsy formed?	9/	Vara autopsy findings valiabla prior to ompletion of ceuse of deeth?
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sion of \	S 50	Certification: To	examiner? X1X Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigati	10101	iry	ER/Outpa 28b. Tim Inju	atient 3 DOA	c. Injur Wor	v et	28d. Describe	how injury occur Chist Stra	rred 54	
Division	5 4 5 5		3 Suicide 6 Could not determine	building, ef	roo	du				Brive is	Mr Jos	901	Pock redge
	Hospital 24 hours a Funeral C ataly filled	edicai	29e. Certifier (Check only one) 1☐ Certifying P 2X Xiedical Example 1	hyelcien: To the best miner: On the besis o end menner st	f examinati	viedge, d lon end/c	eath occurred et or investigetion, i	the tin	ne, dete end plece, plnion, deeth occuri	end due to the red at the time	ceuse(s) and m , date end place,	enher es s end due t	steted. May (and) to the cause(s)
	To the Ho within 24 i To the Fu complateh	Me	29b. Signeture end title of certifier	0.10	0,00.		29c.	Licens	e number	T	29d. Date signe	ed (Month,	, Dey, Year)
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7	20		30. Name and eddress of person who		leeth (Item	23a) (Ty	pe, Print) Penn St	re	et, Balt	timore	, Mary	land	1 21201
	Sta Registr		31. Dete filad (Month, Day, Year) OCT 3 1 199	32 Registr	ar's Signet	ure Ar	delle					11-	



State of Maryland / Department of Health and Mental Hygiene 96 34067

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	Examir		4a. Facility Nama (If not institution, give	a straat and numbe	r)				4b. City, Town, or L	ocation of Deel			zz.ozpm
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	Funeral Director			1□ M 2□√F		Yrs.	Months	Days		(Month, De	y, Year)		ca (Stata or Foraign
			Usuai Rasidence of Decedent		56					3-29-	1940	Penns	ylvania
	tand tand		10a. Stata 10b. County		10c. City, To	wn or Lo	ocation					10d	I. Insida City Limits
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	J within 72 hours after death with the Maryland jiene. Than "natural", or items 23s or 28s-f show than "natural", and the mouthed at the Wedical Examiner must be notified at	Funeral	11. Maritel Stetus	12. Wes Decedar Armed Forces	it Ever in U,S.	13.	Wes Decede II Yas, specif	ent of fy Cub	Hispenic Origin? (Sp ban, Maxican, Puerto	pecify Yas or No Rican, etc.)	- 14. Red Bia	e - American ck. Whita, atc	
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		ToE	Orval Barber						Eleanor	Duffy			
ë	d 2 should I th and Meni 7 Is marked traumatic	-	19a. Informent's Name/Ralationship (Type, Print)	15	9b. Maili	ing Addrass	(Stree	et and Number or Rui			State. Zin Ci	ode)
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			14 Burial 2 ☐ Cremation 3 ☐	Removei from State	e cemei	tary, cra	matory or off	her ple					
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	permit. Page Department of Important: If i any Injury or once.		21. Signature of Funerei Service	1000	11				ress of Fecility	_			
	82 5 8	1	Barranco and Sons Funeral Home										22246
	Physician /		23a. Part1. Entar tha diseasa, or complications that caused fre daath. Do not enter the mode of dying, such es cardiec or raspiratory errast, shock, or haart failure. List only ona cause on aach light. Approximate interval Between										
			shock, or haart failure. List only one cause on each line. Interval Between Onsel end Death Immediate Causa (Final disease or condition rasulting in death) Due to (or as a consequence of): Metustatic lung cancer										itarvai Between
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		<u></u>	27. Manner of Deeth	28a. Data of In		. Tima o		_			how injury occur	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Attending For death. ctor: After by the funer	Certification:	Naturai 5 Panding	(Month, D	ey Year)	injury		c. inju			,,,,		
	uttendii death. ctor: A y the fu	Ca	2 Accident invastigation 3 Suicide 6 Could not b			M 1 Yas 2 No							Sanda Alimahan
	I or Attendi after death Director: A d in by the f	ŧ	4 Homicida datarmined	28a. Placa of II	njury - At homa, etc. (Specify)	larm, st	raat, factory,	office	•	City or To	Straat and Numl wn, Stata)	er or Hural H	louta Number,
	is all of indicated in the control of the control o												
	noep noep noep noep noep noep noep noep	cai	29a. Certifiar 1 Certifying Ph	yalclan: To the best	t of my knowlade	ga, daati	h occurred at	t tha t	time, dete and placa, opinion, deeth occur	and dua to tha	causa(s) and me	enner es state	ed.
	he H in 24 he Fi	edicai	one)	and mannar s	stated.	ind/or in	ivastigation, i	in my	opinion, deeth occur	red at tha time,	data and placa,	and due to th	a cause(s)
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	Σ	29b. Signeture end titla of certifiar	1.1.120	115		29c.	Lican	nsa number		29d. Data signe	d (Month, Da	y, Year)
			1 nonun	waser.	MI)			2	3867		10-2	8-91	5
			30. Nama and address of person who	completed cause of	deeth (Item 23e) (Ivne	Print)	-15	, ,		-	- 11	
			277 Pomma	ila Fri	1>111	Por	m	4%	ENOLD	MD	2101	2	
	Sta	to	31. Date liled (Month, Day, Year)	B. Applie	Mr • Signatul	WI		/ -	000				
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cian. **BALTIMORE, MARYLAND 21215-0020**

Pages 1, 2, 3 should

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DIRECTOR

FUNERAL

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

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29b

1 Natural

2 Accident

4 Homicide

8 Could not be

3 Suicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PA	TO THE FUNERAL DIRECTOR: After th	be filed within 72 hours after death w	IMPORTANT: It Item 28 is mark
,	_	-	

96 34068 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **JESSIE** LINDSTROM 10 96 8:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month, Day, Year) AUG. 8, 1902 HOURS 1 🗆 M XXI 140-40-8836 94 NEW JERSEY 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WILLIAM HILL MANOR EASTON TALBOT RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND TALBOT EASTON XIX YES 2 NO 10a. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 501 DUTCHMAN'S LANE 21601 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHITE 3 X Widowed 4 Divorced 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 SECRETARY INVESTMENT COMPANY 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ARTHUR STIERLY **JENNIE** LEWIS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JEAN THOMSON/ DAUGHTER 24875 SWAN ROAD, ST. MICHAELS, MD 21663 20s. METHOD OF DISPOSITION

1 | Surial 2 | Cremetion 3 | Removal from State
4 | Donation 6 | Other County 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State GEORGE WASHINGTON MEM. 11-4
PARK CEMET FROM AND ADDRESS OF FACILITY Donation 6 - Other (Specify) __ PARAMUS, NJ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FELLOWS, HELFENBEIN & NEWNAM FUNERAL MERCERON CESP JOHN R 200 S. HARRISON ST., EASTON. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, **Approximate** shock, or heart fellure. List only one ceuse on each line. **IMMEDIATE CAUSE (Fine) Onset and Death** disease or condition CONGESTIVE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY CEREBROVASCULAR DISEASE 1 TES 2 NO DF DEATH? OFGANIC BRAIN SYNDROME 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 2 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 Miuraing Home 5 | Residence 8 | Other (Specify 1 YES 2 70 27. MANNER OF DEATH W INJURY OCCUREO

28a. DATE OF INJURY (Month, Oay, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOV

28s. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

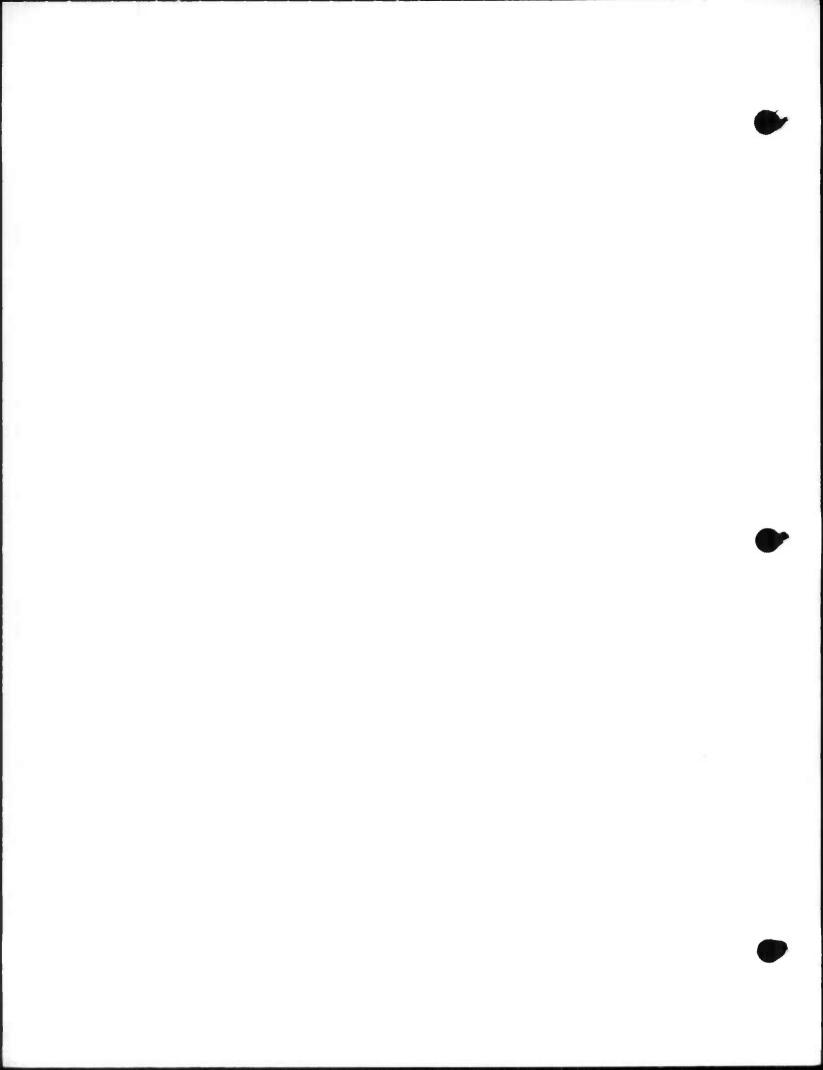
29c. LICENSE NUMBER 1) 26.350	29d.
	20155

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

WILLIAM S. BREMER, ER, M.D., 8 800 S. TALBOT STREET, ST. MICHAELS. MD 21661 31. DATE FILED (Month, Day, Year)

icha Davidson-Randalle NOV - 1 1996

DATE SIGNED (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 96 34069

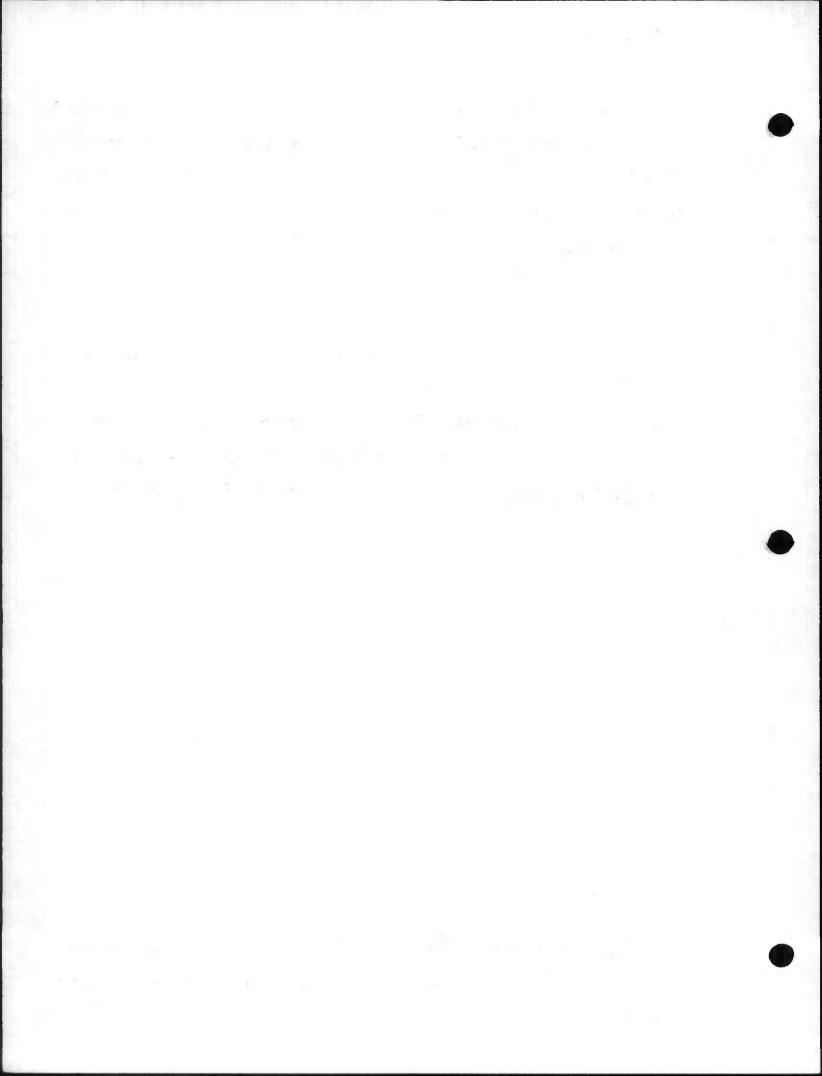
						Ce	rtificate d	of Dea	ith		Reg. No.			
п			1. Decedent's Neme (First, Middle,							2. Data of Death 3. Time of I				
	Physic /Medi		CHARLES HOW			RD	LEDNUM			OCTOE		1996	7:05 AM	
	Exami		4a. Facility Name (If not institution,	give straet end number)			4b. City	, Town, or l	Location of Dea		nty of Deeth		
			MEMORIAL HO	SPITAL				EAS	TON		TAI	BOT		
	Funeral		5. Social Security Number	4 C 14 6 C 6		est birthdey)	If Undar 1 Ya		nder 24 Hrs.	8. Data of E	Birth Day Year)	9. Birth	placa (Stete or Foreign	
н	Director		217-36-2297	¹X ^{M 2□ F} 5	7	Yrs.	MIOTATIO DO	75 1100	i i i i i i i i i i i i i i i i i i i	May 13	, 1939	Mary	land	
	put *		Usual Residence of Decedent 10a. State 10b. County		10c City	, Town or Lo	nostion						and best on the tree	
	lenyle sho	5	Maryland Talbo			. Mich							10d. Inside City Limits 1 → Yas 2 □ No	
	1289-1	ect	10e. Street end Number		<u> </u>		10f. Zip Cod	lo.			10g. Citizen o	d Milhan Cour		
	with with	ā	116 Glory Ave.				2166				U.S.A.	I WHE COU	ntry r	
	eath re 23	Funeral Director	11. Marital Status	12. Wes Decedent	Ever in 115	S 13	Was Decedent		Orlain? (Si	nacify Vac or N	1	ace - Ameri	cen Indian	
0	r hen	Fun	1 Never Merried 2 Marrie	Armed Forces	?		If Yes, specify C	uben, Max	cican, Puart	o Rican, etc.)	В	lack, Whita,		
020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yeer or Datas:			1□ Yes 2🔯	No Spe	cify:		Spec	elfy: Whi	te	
21215-0020	within 72 hours after death with the Meryland ene. than "natural", or Items 23s or 28s-f show he Medicel Examiner must be notified at	Completed	15. Decedent's	Education		16e. Dece	dent's Usual Oc	cupetion		771	16b. Kind of			
21	thin 7	pie	(Specify only highast Elementery/Secondery (0-12)	College (1-4or	5+)	life.	kind of work do DO NOT use re	na during i tired)	most of wor	King				
	filed with Hygiene. ther than	Con	9			Water	rman				Seafo	od		
pu	o la la la la la la la la la la la la la	Be (17. Fether's Nema (First, Middle, L.	· ·							le, Meiden Sum	əma)		
yla	should be nd Mental marked o	9	James R. Lednur	1				C	ather	ine Coo	per			
Maryland	2 sho		19a. Informent's Neme/Reletionshi		T.7. 0		-				ber, City or Tov			
a)	s 1 and 2 should be filed within 72 hours after death with the Merylan f Health and Mental Hygiena. It has the fear that and Mental Hygiena than "natural", or Items 23a or 28af show then 27 is marked other than "natural", or Items 20 or 28af show other traumatic event, the Medical Examiner must be notified at		Margaret Ann B	ell Lednum	Wife				t. Mi		Maryla			
	permit. Pagas 1 and Department of Haalth Important: If them 27 any injury or other tronce.		20e. Method of Disposition 1 ☐ uriel 2 ☐ Cremetion 3	☐Removal from Stete		eca of Dispo emetery, cra	osition (Nama o matory or other	plece)	į	Dete	20c. Locatio			
	t. Partmar tant:		4 Donetlon 5 Other (Spe		Den		emetery			996	Denton	, Mar	yland	
Bal	Depar Impor any Ir		21. Signeture of Funarel Service Li	censee //			2. Nama and Ad			d Funer	al Home			
			Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels, Maryle											
			23a. Pert 1. Entar the disease, or c shock, or heart failure. List o	omplications thet cause lify one ceusa on aach I	d tha daath. ine.	. Do not en	ter the mode of	dying, such	n as cardiac	or respiretory	errast,		Approximata Intervai Between	
	Physician		The state of the state of	1	Onset and Death									
П	/Medical Examiner	16	Immediate Cause (Finel disease or condition resulting in death) e. Newworld - Community acquire Due to (or es e consequence of):									1 week		
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	ted nsit	Examiner		. b. Em		16mg			yares					
	cartificate be axecuted ding physician and sa as the burial-transit	Xar	Sequentially list conditions, if eny, leeding to immediate		Due to (or	(or es a consequence of):								
209	be a siciar buri											i		
68760	ficete p phy as the	edic	d.											
XO	0 2 4													
00	att of	icia	Part II. Other significant condition	contributing to death h	uit not resul	lting In the H	nderlylna cause	given in P	ert I	23h Di	d tobacco use	contribute 1	o the cause of death?	
P.0	res that the de signed by tha e I be datached i	Physiciar	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the state of the st											
	s tha	ру Р	TEP10116	PAIR	4						023.10			
Vital Records,	law requires that the as been signed by th t 2 should be datache		•		/					24e. We	s an eutopsy formed?	24b. W	ere autopsy findings allable prior to	
00	s be	piet								per	ioimed i	CC	ompletion of cause death?	
Ä	8 - 8	Completed								10	Yas 2 No	1	□Yas 2□No	
ita	Iclan: Th cartificate rector, pa	Bec	25. Wes casa referred to medical		26. Piece of Deeth (C						(one)	1		
1	5 00 00	To	axaminer? 1 ☐ Yes 2 ☐ No	Hospitei: 1 ☐ Inpati	ent 2 E	ER/Outpatier	nt 3 DOA	Other: 4	Nursing H	oma 5□Re	sidenca 6 🗆 C	ther (Speci	fv)	
n of			27. Menner of Deeth 1 ☑Natural 5 ☐ Pending	28e. Dete of Inju	Iry V Year)	28b. Time o	f 28c. l	njury et Nork?		28d. Describe	now injury occ	urred		
io	Attending ir death. ector: After by the fune	atic	2 ☐ Accident investiga	ion	,	,,		☐ Yes 2	2 □ No					
Division	of or Attending after death. Director: After do in by the fu	Certification	3 Suicide 6 Couid no 4 Homicide determin	jury - At hor c. (Specify)							cation (Street and Number or Rural Route Number, y or Town, State)			
	ftal o					Ony or TOWN, State)								
	To the Hospital or A within 24 hours aftar To the Funeral Direction completely filled in b	edicai	(Check only 2 Medical Ex	Physician: To the best aminer: On the basis o	f examinetic	dedge, deetl	occurred at the	time, dete	and plece, death occur	, end due to the	e ceuse(s) and e, date and plec	manner as s	stated. o the ceuse(s)	
	thin 2 the I	Med	one) 29b. Signeture and title of certifier	end menner st	ated.	xaminetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) d. 29c. Licanse number 29d. Dete signed (Month, Day, Year)								
	5.¥ 5.8	-	200. Signature and title of certain	15	/		290. LIC	211	///	1	zad. Dete sig	ied (Month,	Cay, Teal)	
	1-		in may	199	200	400		217	66		10/2	9/9	6	
	0		30. Neme end eddress of peelon wi	o completed cause of c	leeth (Item	23a) (Type,	Print)	-1		1/-	1 horas	3 /	20/21	
	- 0	10	31. Deta filed/(Month, Dey, Year)	32 Regiete	ar's Signati	1, 60	10/10	ca	~3~/	cont	645/	0~	2166	
	Sta Registr		,	0 1996	ichia In	widama	Pandell							
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DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 1996 Grace Louise LIPPS October 0 0953 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey,) August 16, 9. Birthplece (Stete or Foreign Country) Maryland 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** 1□ M XXF Months Deys 88 Vrs 217-10-0001 Director Usuel Residence of Decedent with the Marylenc 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be nottled at Maryland Frederick Frederick XXYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 274 Dill Avenue 21701 U.S.A. Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Status permit. Pages 1 and 2 should be filed within 72 hours after d. Depertment of Heelth and Mental hygiene. Important: If Item 27 is marked other than "natural" --- any injury or other treumetic averaged. 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11 Bookkeeper Printing Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Franklin SMITH Mary KRANTZ 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Maralita Freeny, Daughter 7201 Rhode Island Ave., College Park, Md. 20740 20e. Method of Disposition

12 ☐ Cremetion 3 ☐ Removei from State 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete Dete Mount Olivet Cemetery, October 28,1996 Frederick, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Keeney and Basford P.A. Funeral Home 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. MO0255 Frederick, Maryland 21701 Approximete interval Between Onset end Deeth Physician immediate Cause (Fine) disease or condition resulting in deeth) lied befuntues /Medical Minutes Examiner Due to (or as a consequence of): Examiner physician and the buriel-transit the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): ettending 980 for signed by the e Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert L. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24s. Was an autopsy performed? 24b. Were autopsy findings aveileble prior to completion of ceuse of deeth? Completed peen has certificata 2 UM6 † ☐ Yes 2 ☐ No Hospital or Attending Physician: '24 hours after death.
Funeral Director: After this certifica 25. Was case reighted examiner? Be 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence # ☐ Other (Specify) 1 Yes 2010 2 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c, Injury at Work? 1 Neturei 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours after der To the Funeral Director completaly lilled in by th 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated. Medicai (Check only one) 2 Medical Examinar: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) October 22, 1996 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Francis E. Becker, MD 300 West Ninth Street, Frederick, Maryland 21701

State Registrar 31. Dete filed (Month, Dey, Year)
OCT 2 4 1996



State of Maryland / Department of Health and Mental Hygiene

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requires that the deeth certificate be axecuted attending physiclen end for use as the bunal-transit peeu certificete has After this or Attending s efter death. filled in by Hospital 24 hours completely To the I within 2 To the P

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Leasth **Physician** Peter Andrew Lackler October 23, 1998 4:30A /Medical 4b. City, Town, or Location of Death 4a. Fecility Nema (If not institution, give straat and number) 4c. County of Death Examiner Ellicott City 3013 Martin Meadows Court Howard | If Under 1 Year | If Under 24 Hrs. | 8. Deta of Birth | 9. Birthplace (Stata Months Days Hours Min. June 16, 1959 | Tennessee 6. Sax 1**XX**M 2□ F 5. Sociei Security Number 7. Aga (In vrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** 216-74-2803 37 Yrs. Director Usual Rasidence of Decedant permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiens. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumstic event, the Medical Exercites must be mattered. 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Howard 1 Yes 2 700 Directo Ellicott City 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3013 Martin Meadows Court 21042 United States 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 242 No If Yes, Giva Wes Decedani of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indien. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: White à 3 ☐ Widowed 4 ☐ Divorced Yaar or Dates 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupetion 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) College (1-4or 5+) Elementary/Secondery (0-12) Quality Engineer Private 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) John Lackler Marian Schlesinger 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Karen Eva Lackler (wife) same as #10 20b. Place of Disposition (Nama of cemetary, crematory or othar place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata XXBurial 2 Crametion 3 Removel from State First Lutheran Church of Bowie Cemetery 10/25/1996 Bowie, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funarai Service Licensaa 22. Nama and Addrass of Facility
Donald V. Borgwardt Funeral Home, P.A. 23a. Part1. Enter the disease, or obmplications thet caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or haert failure. List only one cause on each line. 4400 Powder Mill Rd. Beltsville, Maryland 20705 Approximeta Intarval Between Onset and Death Physician Immediata Causa (Final disease or condition resulting in deeth) /Medical Mulustic Ewing's Saccomp Examiner Dua to (or as a consequance,of): Physician/Medical Examiner Pulmonumy metastosis Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Disaase or Injury that initiated evants Due to (or as s consequance of) P.O. Box 68760. Due to (or es e consequence of) rasulting in death) Last Part II. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Wara autopsy findings eveilable prior to completion of cause of daath? Completed 24a. Was an autopsy performed' 1 Yes 2 No 1 ☐ Yas 2 No 25. Was casa referred to medical axaminar? 8 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No 27. Manner of Death 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 1XXVeturel 5 Panding invastigation 1 Yes XXNo 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28a. Piace of Injury - At homa, farm, straat, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida XXCertifying Physicisn: To the best of my knowledge, daeth occurred at tha tima, date end place, end dua to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, daath occurred at the tima, date end place, and dua to the cause(s) and manner stated. 29a. Certifian (Check only one) 29b. Signetura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 1)38509 mD October 23, 1996

State Registrar

31. Date filed (Month, Day, Year)

OCT 2 8 1996

30. Nama and addrass of person who completed causa of dasth (itam 23a) (Type, Print)

Nicholas Koutrelakos, M.D. 11065 Little Patuxent Pkwy. Columbia, Maryland 21044 32. Degistrar's Signetura his Davidson-Randoll

THE PERSON NAMED IN COLUMN Company of the state of the sta And a first the specific and a first second

State of Maryland / Department of Health and Mental Hygiene 96 34072

					Cert	ificate of	Death		Reg. No.	O	0 70 72	
Division		1. Decedent's Name (First, Middle, Li	ast)					2. Date of De	ath	V	3. Time of Death	
Phys /Me	ician dical	ARTHUR LO	uis Latter	ner				October .	29	1996	5:15 pm	
Exam		4a. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Town, or	Location of Deeth	4c. County	of Deeth		
		Suburban Hospital					Bethesda		Mont	gomer	·v	
Funer	ai		Sex 7. Age (In yrs			If Under 1 Year Months Days	If Under 24 Hrs Hours Min.		th		lace (Stete or Foreign	
Directo	24	370 03 3774	1⊠M 2⊔F 8	2	Yrs.	- Julyo	1700.0	Nov. 19	, 1913	Washi	ngton, D.C	
p		Usual Residence of Decedent 10a. State 10b. County	100.0	ity Tow	n or Loca	ation					Od Inside Ohy Havita	
Aaryfi sho	5	Maryland Montgom		ethe						'	0d. Inside City Limits 1 ☐ Yes 2 ☑ No	
with the Maryland a or 28a-f show be notified at	Director	10e. Street and Number	ier y	ethe	Sua	10f. Zip Code		-	10g. Citlzen of	Mhat Caus	- "	
With and a second		6402 Landon Lane					017	17				
and and and and and and and and and and	Funeral	11. Marital Status	12. Was Decedent Ever in	U.S.	13 W		817 Hispanic Origin? (S	necify Yes or No	United	Stat e - Americ		
C the day	돌	1 ☐ Never Married 2 ☑ Married	Armed Forces? 1 ☐ Yes 2 ☑ No		If Y	Yes, specify Cub	Hispanic Origin? (S en, Mexican, Puert	o Rican, etc.)	Bla	ck, White,		
21215-0020 d within 72 hours atter death with the Marylar glene. Then "neturals, or livens 23a or 28a-1 show the Medical Examines must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		10	☐ Yes 21 No	Specify:		Specif	Whi	te	
15-00 72 hours "natural", edical Ex	Completed	15. Decedent's E	ducetion	16a.	. Decede	nt's Usual Occup	oation		16b. Kind of B			
21215-0 d within 72 ho plene. r than 'natur The Medical.	용	(Specify only highest gr Elementary/Secondary (0-12)	ede completed) College (1-4or 5+)		life. Do	nd of work done O NOT use retire	during most of wor d)	most of working				
	5	<u> </u>			Lumber Estimator				Lumber Compa		ompany	
but the the d other event,	Be	17. Fether's Name (First, Middle, Last	")				18. Mother's Name (First, Middle, Maiden S					
irylar thould b id Menta marked marked	2	Arthur Latterner			Minnie			Anna Oc	kershau	sen		
Maryland d 2 should be flat th and Mental Hy 7 is marked othe traumatic event	1.55	19a. Informant's Name/Relationship	19b	. Meiling	Address (Street	and Number or Ru	re/ Route Numb	er, City or Town	State, Zip	Code)		
re, N s t and t Health tem 27 other tr		Stephanie R. Latt		64	02 L	andon L	ane, Beth	nesda, M	aryland	2081	7	
Baltimore, N permit. Pages t and Department of Health Important: If item 27 any injury or other ti		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	20b.	Place of cemete.	f Disposit ry, creme	tion (Neme of story or other ple	ce) Nov. 2,	1996	20c. Location	City or To	wn, Stete	
Pag material		4 ☐ Donation 5 ☐ Other (Speci		arkl	awn	Memoria:	l Park		Rockvi	lle,	Maryland	
Baltin permit. Pa Departmen Important any injury	9	21. Signature of Funeral Service Lice	nsee			Name and Addre	,				-	
m sass	51	Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, MD 208										
EN II		23a Part Enfor the disease, or com	pplicetions that ceused the dea	th. Do							Approximete Intervel Between	
Physicia	1	400	one oddae on odon me.							F	Onset end Death	
/Medica	_	Immediate Ceuse (Final disease or condition	P	ne		ma a N	1.02			1	3 0000	
Examine		resulting in death) Due to (or as a consequence of):									- acid	
R 4	ine.											
I Records, P.O. Box 68760, The law requires that the death certificate be executed ate has been signed by the attending physician end page 2 should be detached for use es the bunial-transit	Examiner	Sequentially list conditions, Due to (or as e consequence of):										
68760, ifficate be exe g physician e es the bunal-		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury										
87 ate t	Medicai	thet initiated events resulting in deeth) Lest										
OX 68 certifican anding plans as a												
BO) eath ce	ian											
of the de	Physician	Part II. Other significant conditions of	contributing to deeth but not re	sulting in	n the und	erlying ceuse giv	en in Pert I.	23b. Did 1	lobacco use co	ntribute to	the cause of death?	
Det the								1 🗆	Yes 22No	3 Prot	bably 4 Unknown	
Records, P ne law requires that a has been signed to age 2 should be det	d by									D45 W	and a second second	
cord v require been sig	Completed								en eutopsy med?	eve	ere eutopsy findings eileble prior to mpletion of ceuse	
Red has has be 2 s	mpi										death?	
	3							101	res 2 No	10	Yes 2No	
if Vital I yalcian: The ils certificate director, pag	Be	25. Was cese referred to medical examiner?	Monitor					ath (Check only o	ne)			
of Vita Physician: this certific	10	1 Yes 2 No		1	tpatient	3 DOA Oth	4 LI Nursing A	ome 5 Resid			0	
C 0 00	Certification:	27. Manner of Deeth 1 Staturel 5 ☐ Pending	28e. Date of Injury (Month, Dey Year)		Time of nj <i>u</i> ry	28c. Injur Wor		28d. Describe I	now injury occur	red		
VISION Attending or death. ector: After	cat	2 Accident Investigatio 3 Suicide 6 Could not b					Yes 2 □ No					
Division or Attending after death. Director: After d in by the fune	ŧ	4 Homicide determined		nome, fa ify)	rm, stree	t, factory, office		28f. Location (S City or Tox	Street end Numb vn, Stete)	er or Rura	l Route Number,	
pital purs a sual E		000 00000000000000000000000000000000000										
Div To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier 1 Certifying Ph (Check only 2 Medicat Exer	yaician: To the best of my kn niner: On the basis of examin	owledge etion an	, death o d/or Inves	ccurred et the tir stigetion, In my o	ne, date and piece pinion, death occu	, and due to the or rred et the time,	ce <i>u</i> se(s) end me date end place,	enner es st and due to	ated. the ceuse(s)	
ithin the complete	Ž	29b. Signature end title of certifier	and manner stated.	_		29c. Licens	e number		29d. Date signe	d (Month	Day Vaer	
F ≥ F 8		D 0	S 002				0	1				
		20 Name and address	Constitution of the consti	4.4		1+0	00	0	octd	Dor :	24 1776	
25		30. Name end eddress of person who						1.1		200	29 1996 me	
2)	tate	31. Dete filed (Month, Dey, Year)					ous in	AU	C .		· worker	
Regis		OCT 3 1 19	32. Registrer's Sign	idson	-Rand	482						
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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF MA			ICATE					YGIENI EG. NO.	=		
	1. DECEDENT'S NAME (First, Middle, La								2. DATE OF		,	YEAR	3. TIME OF DEATH
		GARET L.	MORR		N				Octobe			996	5:20 A. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi		MONTHS D		F UNDER	24 HRS.	7. DATE OF E (Month, De	HATH y, Ybar)		8. BIRTH Countr	IPLACE (State or Foreign
	215-74-0769	1 M 2 🔀 F	80	YRS.					August	13, 19	916	Mai	ryland
~	9a. FACILITY NAME (If not institution, given				9b. CITY, TO	NO NWC	LOCATIO	N OF DE	ATH		9c. COU	NTY OF D	EATH
0	McCready Memor		1		C	risf	fiel	d, 1	MD CIN	- 1	Sor	merse	et
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			inc CIT	Y, TOWN OR	OCATIO	V						404 110100 0101
DIRECTOR	Maryland S	Somerset		100. 011		sfie							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				CLI		IP COOE				40- OIT	135H 05 H	1 X YES 2 NO
R	8 Tawes Drive					101. 2		1817	7		10g. CI1		S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	:D	13 WA	DECEM			IC ORIGIN? (S	naalti. Maa	as No.		
Β¥	1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 IT YES, GIVE WAR			If y	s, specii	fy Cuben	Specify	n, Puerto Ricar	n, etc.)	or No.		E — American Indian, k, White, etc. My: White
8	15. DECEDENT'S E (Specify only highest gri	DUCATION	16a. DECE	DENT'S	USUAL OCCI	PATION			16b. KIN	D OF BUS	NESS/IND	DUSTRY	
ᇦ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do	NOT us	rork done duri e retired.)	ng most c	of working	7					
릴	Grade 10		Wai	tre	SS				Re	estau	ırant	-	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1	s. MOTH	ER'S NAI	ME (First, Middl	e, Meiden S	Sumame)		
BE (J. Herbert Ward	i					A1	ma J	Johnson	า			
၉	19e. INFORMANT'S NAME (Type/Print)		19b. N	ALLING	AOORESS (S	treet end	Number	or Rural F	loute Number, C	City or Town	State, Zip	Code)	
7	Patsy Somers (I	Daughter)	8	Taw	es Dr	ive	- C	risf	ield,	MD	2181	17	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	emoval from State	20b. PLACE AND	DONTE C	FDISPOSITION	Neme (Neme	of		DATE	20c. LOC	ATION -	City or To	wn, State
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF SMEBAL SERVICE	wenter 1	St. Par	ul's	s Ceme	ter	y	11	/2/96	Mar	ion	Stat	ion, MD
- 1	· Robert	V. Beach	ska.	4				S OF FAC	ons Fur	nera 1	Hon	ne	
	Robert H.	Bradshaw, J	fr. //	/	30	5 W.	Ma	in S	St Cr	risfi	eld,	MD	21817
	23. PART i. Enter the diseases, of shock, or heart failure	or complications that care. List only one cause	on each line	. Do n	ot enter th	mode	of dyir	ig, such	aa cardiac	or respir	atory arr	reat,	Approximate
	IMMEDIATE CAUSE (Finei												Interval Between Onset and Death
	disease or condition resulting in death)	· Pneur	noma										
			AS A CONSEQUE				N						
o O	Sequentially ilst conditions,	b. COVICE	stuce AS A CONSEQUE	J+(eare	ra	~ UC	Le.					
¥	if any, leading to immediate cause. Enter UNDERLYING	Myo	cardia	0.	Tind	Λ	Lin						
프	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):	me	_ [10	V) .					
CERTIFICATION	reaulting in death) LAST	d.											
11	PART II Other elgolificant conditi	ione contain the second											
SA S	PART ii. Other eignificent conditi	ona contributing to dec	eth but not read	ulting i	n the unde	rlying c	euse gl	ven in i	Parti. 24a	PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
= II									10	YES 2	NO		OF DEATH?
ICIAN: MED	DID TODA GOO LIGHT CO.											1	1 TYES 2 NO
Ž	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAUS					UNCE	RTAIN					
ᅙ	EXAMINER?	HOSPITAL:			OTHER:	one)							
PHYSI	1 YES 2 NO	1 Inpatient 2 ER		Bb. TIME		Home (idence (8 Other (Sp				
	1 Natural 5 Pending	(Month, Day, Y		INJU	JRY	WORK	?	MO	20d. DESCRIE	E HOW IN	JURY OCC	CURED	
BÁ	2 Accident investigatio 3 Suicide & Could not be	28e. PLACE OF IN	JURY At home.	ferm. s				-	281. LOCATIO	W (Street or	of Mumber	or Burni B	house Manustrus
<u> </u>	4 Homicide 8 Could not be determined	Dullding, etc.	(Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City or To		O NUMBER	Or Aurai A	oute Number,
	29a. CERTIFIER 1 M CERTIFYING PH	YSICIAN: To the best of my	knowledge death	OCCUPY	d at the time	data and	d minns	and due	a the amount				
COMPLETED		INER: On the besie of exami) and menner as stated.
_ 11	29b. SIGNATURE AND TITLE OF CERTIF							ISE NUM					(Month, Day, Year)
2 H	WraL	_a A	ittn Ph	my s	sici a			809			► 600	10	3196
2	30. NAME AND ADDRESS OF PERSON		F DEATH (ITEM 27	7) (Type,	Print)					_			
		IRU M BUNA	MAHT		201	He	HE	Haig	howay	63	is fi	eld	MD 218 17
	31. DATE FILED (Month, 1996) 8	ali distribution	THE THE										

And one a fair on marks

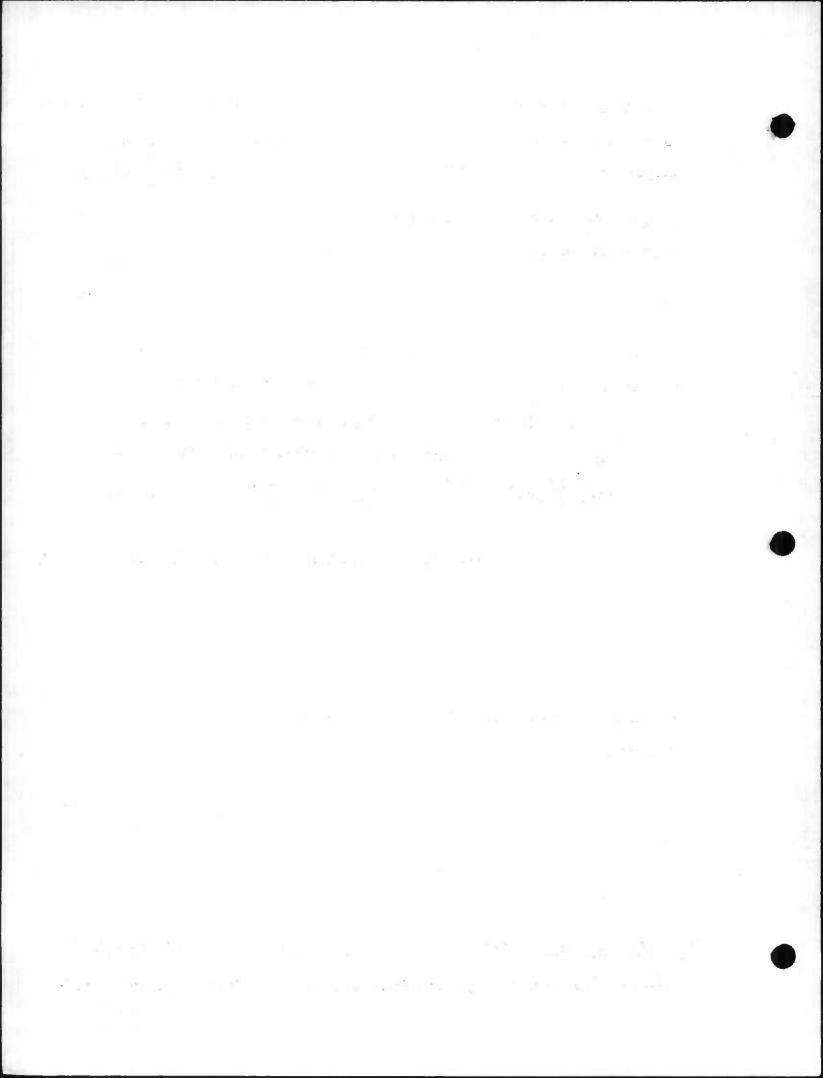
State of Maryland / D

Department of Health and Me	ental Hygiene	G	6	3	4		7	į
Certificate of Death	Reg No		0	C)	-4	w	8	

The law requires that the death certificate be axecuted the burial-transit and Records, P.O. Box 68760, physician use es certificate hes Division of Vital this After t death.

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** OCTOBER 28 1996 6:45 PM THELMA LOIS MORRISON /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 10519 Brenda Avenue FREDERICK Ijamsville If Under 24 Hrs. 8. Date of Birth
Hours Min. Month, Day,
JAN 27 5. Sociel Security Number If Under 1 Year Birthplaca (Stete or Foreign Country) 7. Age (in yrs. last birthdey) **Funeral** 1□M 2X F Deys 82 Yrs. Director 226-46-9979 Oklahoma Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other treumetic event, the Medical Examinar must be notified at Frederick Yes 2 No Director Ijamsville Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21754 10519 Brenda Avenue death Funeral USA 14. Race - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Marital Status Bleck, White, etc. filed within 72 hours after Hygiene. 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: 2 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withis Department of Health and Mental Hygiene. Important: If Item 27 is merked other than eny injury or other trauments. Elementery/Secondery (0-12) College (1-4or 5+) Own Home Housewife 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Mabel McNeill Elder William C. Elder 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 11640 Kipling Dr. Waldorf, MD 20601 James L. Morrison (Son) 20b. Pleca of Disposition (Name of commetery, cremetory or other plece)
Metropolitan Crematory 11-2-96 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete
4 ☐ Donetion 5 ☑ Other (Specify) 20c. Location - City or Town, Stete Alexandria, VA 21. Signeture of Full 22. Name end Address of Fecility
J.H. Eberwein Mortuary M00173 4433 White Pls La White Pls., MD 20695 plicetions that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, rone ceuse on each line. or com List only 23e. Pert1. Enter shock, or he Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel CHRONIC OBSTRUCTIVE PULMONARY DISEASE ZOYRS disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequenca of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ATRIAL FIBRILLATION. DEMENT74 þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy DSTEDARTHRITIS 1 ☐ Yes 2 ☐ No 1 Yes 2 No Hospital or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 PResidence 6 Other (Specify) 2 1 Yes 2 → No 1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury et Work? 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel ∠apital o. ∠4 hours after de. 'neral Director: A' 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homloide To the Hospital o within 24 hours aff To the Funeral Di completaly filled in 1 **Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. 29e. Certifier Medical (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) mo D 21936 10.29.96 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) ANDREW O. DONELSON 915 TOLL HOWE ME #203 FREDERICK, MD 21701 Degistrer's Signeture State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme /First Middle Last) 2. Dete of Deeth 3. Time of Deeth Dey 1996 Month 17, Oct. 5:00 am Louise Moore 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Cambridge William Hill Health Care Center Dorchester | If Under 1 Year | If Under 24 Hrs. | 8, Dete of Birth (Month, Day, Year Min. | Mar. 10, 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (Stete or Foreign 1□M 2XF Months 1922 Maryland 222-20-3624 Yrs 74 Usuei Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Tyes 2 No Maryland Dorchester Cambridge 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1263 Hudson Rd. 21613 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 14. Reca - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☑ Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) College (1-4or 5+) 03 Health Care 12 Nurse 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Minnie Marie Sipple Elwood David Moore 19a. tnforment's Neme/Ralationship (Type, Print) Son 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Douglas Max Staszesky 816 Windsor Rd., Glenview, IL 60025 20b. Place of Disposition (Name of cemetary, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetlon 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Soecify) Silverbrook Cemetery 10-21 Wilmington, DE. Nema end Address of Fecility Puneral Home, P.A. 308 High St., Cambridge, MD. 21613 barried the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, Immediate Ceuse (Finel diseese or condition resulting in deeth) Dua to (or es e consequence of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24a. Wes an eutopsy performed? 2 No 1 Yes 2 No 1 Yes 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA STENO 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

by Funeral

Completed

Be

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If Item 27 is marked other than "natural" ---- any injury or other traumetic exact.

The law requires that the death certificate be executed the burial-tran Box 68760. attending physician ed by the attending p P.O. signed by t Division of Vital Records. peen certificate has or Attending Physician: After this

death.

Hospital within 24 hours a

\$

after death

Physician/Medical þ Completed Be 5 filled in by the funeral Certification: Medical

Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical 1 Yes 27. Manger of Death 1 Matural 2 Accident 3 Suicide 6 Could not be 281. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifian 🗹 Certifying Physician: To tha best of my knowledge, daeth occurred at tha time, dete end plece, end due to the ceuse(s) and mannar as stated 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29b. Signeture end title/bf certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

H44615

21643

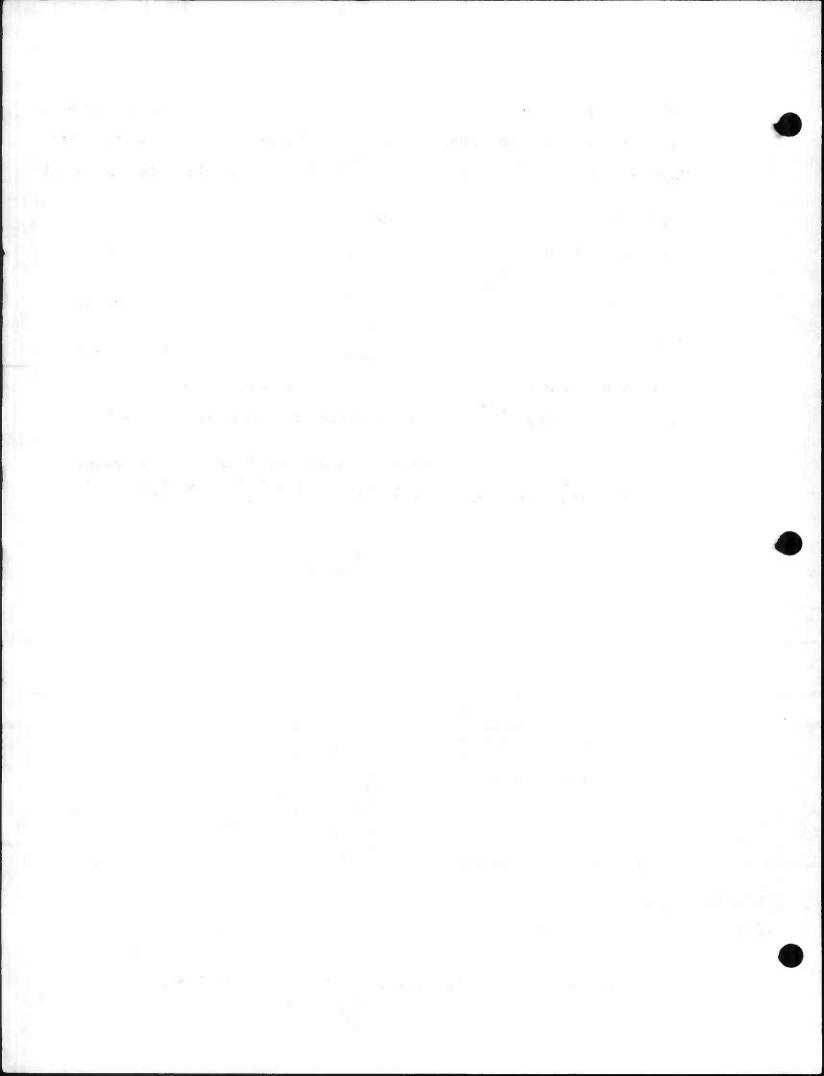
State Registrar

31. Dete flige (Month, Dey, Year)

Lois Nark,

30. Nama engladdress of person who completed causa of death (Item 23e) (Type, Print)





State of Maryland / Department of Health and Mental Hygiene 0,5

				Clate of Wil	iryiaiia	-		of Death		Reg. No.) 51	+ U / C)
			1. Decedent's Neme (First, Middle, Last,)					2. Dete of De	eth		3. Time of Dec	eth
120	Physici /Medi			Alma Lou	ise	Mabon	n		Month Octobe	r 26,	1996	12:04	nom
	Examir		4e. Fecility Name (If not institution, give	streef and number)				4b. City, Town, or	Location of Death				P
			North Arundel H	ospital				Glen Bu:		Anne	Arun	del	
	Funeral		5. Sociel Security Number 6. Sec	x 7.Age □M 2x⊡F	(in yrs. lasi			'aar If Under 24 Hrs eys Hours Min	. (Month, Da	th y, Year)	9. Birthplec	e (State or Fo	oreign
	Director			X Z	77	Yrs.			5-26-	1919	Penns	ylvan	ia
	pue *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, T	own or Loca	ation				10d	Insida City L	imits
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	Seeth Fire 2	lera		12. Was Decedant E	ver in U,S.	13. W		of Hispanic Origin? (S Cuben, Maxican, Puer	Specify Yes or No	USA - 14. Rac	e - Amarican	Indian,	
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Meryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28=f show other traumatic event, the Medical Exercicet must be notified at	by Funeral	1 Never Married 2 ☐ Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas:				Cuben, Maxican, Puèr No Specify:	to Rican, atc.)	Specify Specify	k, Whita, ato : Whi		
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Baltimore,			4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funeral Service License	0.5	Gre			metery 10) - 31-96	India	na, P	A	
Ba	permit. Departu Importa any init		· Robert > 0	20	-1	Bar	ranc	o and Sor chie Hwy	ns Fune Severn	ral Ho	me MD 2	1146	
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	the e	yslc	Pert II. Other algnificant conditions con	ntributing to death but	t not resultin	ng in tha und	lerlying ceus	e given in Pert I.	23b. Did	tobacco use co	itribute to th	e cause of d	eath?
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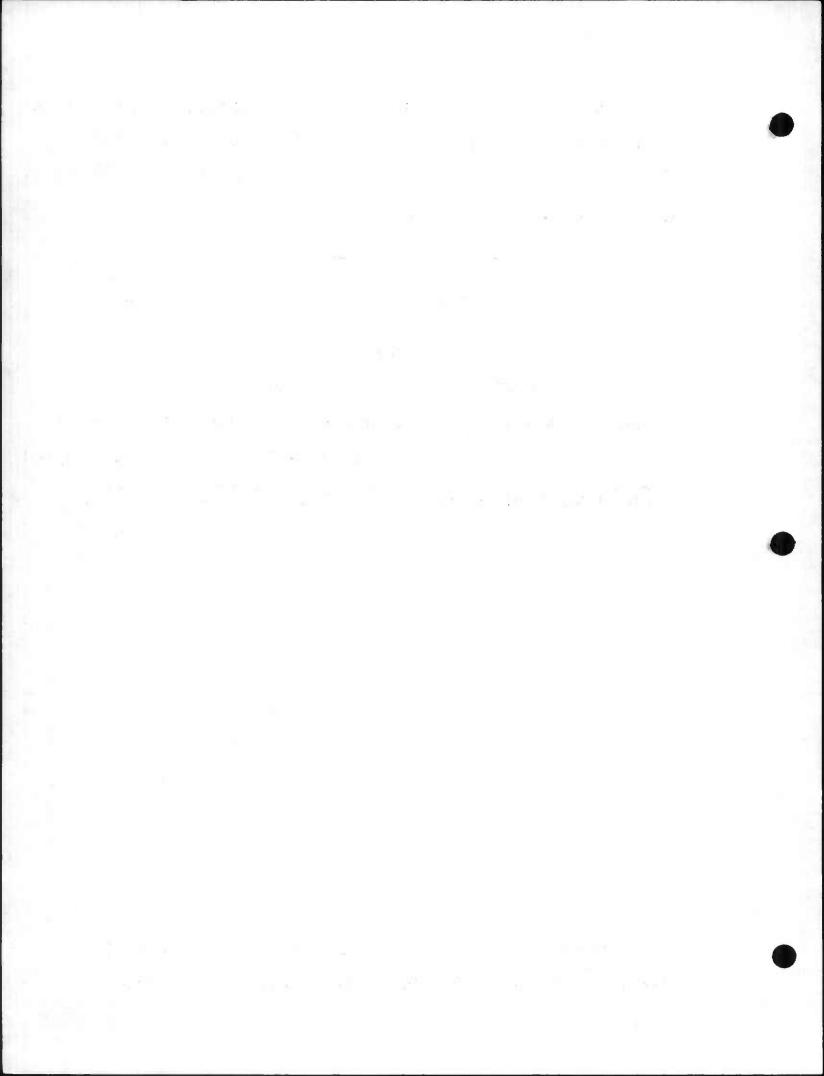
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						Cei	rtificate o	f Deat	h	Re	eg. No.		
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	pu .		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, T	our or Lo	cotion						
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	h with th	al Dire	10e. Street and Number 9020 Darley Dr	•			10f. Zip Code	2064 <i>6</i>	5	1	0g. Citizan of V		try?
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Balti	permit. Pe Departmen Important: any Injury		21. Signature of Funaral Sarvice Licen	see						UNERAL			•
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ion	Attending Physician: sr death. ector: After this certific by the funeral director,	ation:	27. Mannar of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accidant invastIgation	28a. Data of (Month,	Injury 28 Day Year)	b. Tima of Injury	28c. In W	uryat 'ork? □Yas 2[_	28d. Describe ho	w injury occurr	red	
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		-	30. Nama and addrass of person who c	omplated cause	of death (Item 22	a) (Tuna s		501	, ,		10	70	16
			Henry Burke, MD.,					O.Box	2539	. La Pla	ta Mar	vland	20646
	Sta	-	31. Data filad (Month, Day, Year)	32. Reg	istrar's Signatura	l.				, <u></u> 1,1,0	المالولية	yanu	20040
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SAGED ZAIDI MD 801 TOLL HOUSE AVE, FREDERICK.			1	30. Name and address of person	n who co	omplated caus	e of dee	h (Item 23a) (1	Гуре, Р	rint)							
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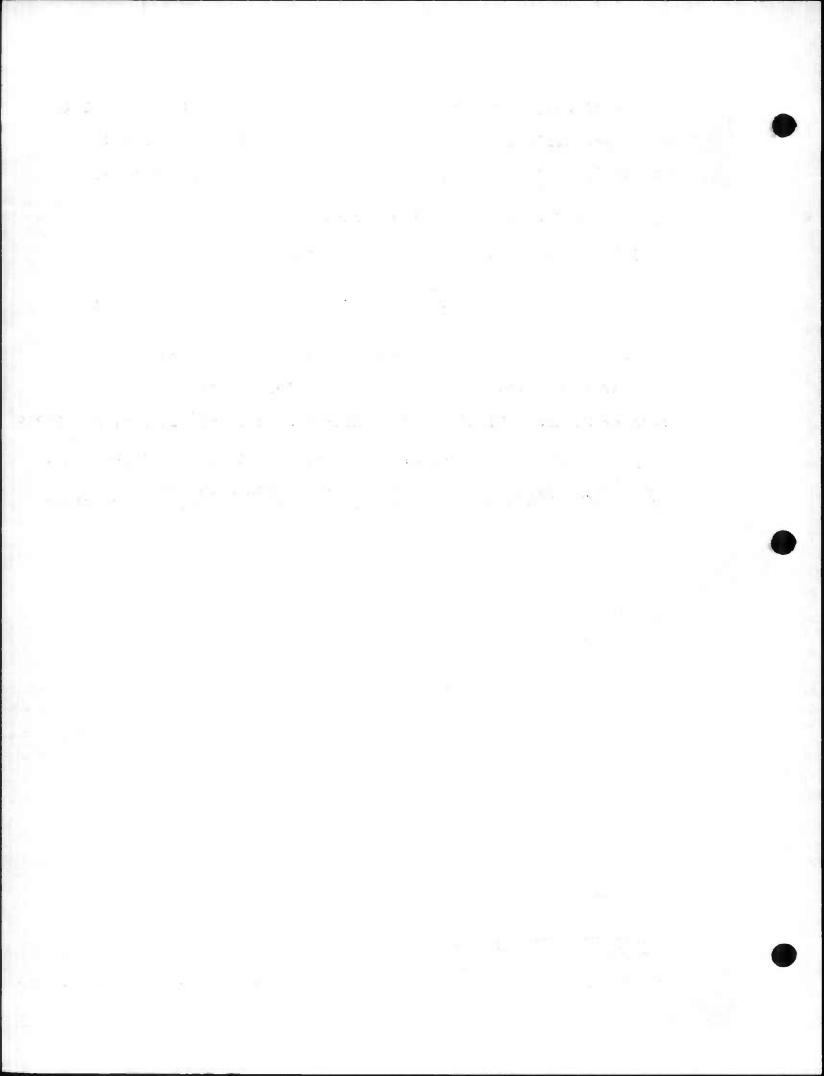
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			Frederick Healt	h Care Ce	nter			Freder	ick	Fre	deric	k	
	Funeral Director		5. Social Security Number 215-36-6130 Usual Residence of Decedent	7. Age	(In yrs. lest b	irthday) Yrs.	If Under 1 Year Months Days	1f Under 24 Hrs. Hours Min.	8. Data of Birtl (Month, Dey Oct. 1	h v. Year) 0,1899	9. Birthple Count Mary	eca (Stete or Foreign ry) 'land	
	land		10a. State 10b. County		10c. City, Tox	wn or Lo	ation				10	d. Inside City Limits	
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	r 28a	Director	10e. Street end Number			cuci	10f. Zip Code			10g. Citizen of 1	Whet Count	ry?	
	h witi		638 Wilson P	lace			217	01		Unite	d Sta	tes	
020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene. merked other than "natural", or items 23s or 28s-f show umatic event, the Medical Eventiner must be notified at	by Funeral	11. Meritel Status 1 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. Was Decedant Ender Armed Forcas? 1 Yes 2 Note of Yes, Giva Year or Detes:			Vas Decedant of H Yes, specify Cub	dispanic Origin? (Span, Maxicen, Puerto Specify:	ecify Yas or No- Rican, etc.)	14. Red Black Specify	a - Amarice ck, White, e	tc.	
21215-0020	a. a. "netur Med cal	Completed	15. Decedent's Educ (Specify only highast grade Elementery/Secondery (0-12)	etion completed) College (1-4or 5+	160	e. Deced (Give	ent's Usual Occup kind of work done OO NOT use retire	petion during most of work d)	ing	18b. Kind of B	usiness/Indi	ustry	
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	ges 1 and t of Haalth If Item 27 or other tr		20e. Method of Disposition	anuuaugne				Dr./ Fred	Data	20c. Location -			
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	/Medical Examiner	.	Immediate Ceuse (Finel disaase or condition resulting in death) e.	1	ead Due to (or es e	conseq	Jence of):					10 yrs	
	and transit	Examiner	Sequentially list conditions,	D	Oue to (or es e	conseq	uence of):						
68/60,	requires that the death certificate be assoured seen signed by the attending physician and ihould be datached for use as the burial-transit	tedical	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Diseese or Injury thet Initieted events resulting in death) Last	D	ue to (or as e	consequ	ienca of):				i		
ROX	leath certific attending pl I for usa as t	an/	d.								1		
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5	h. After funa	Certification:	1 Naturel 5 Pending 2 Accident investigation	(Month, Dey	Year)	Injury	28c. tnjur Wor	k? Yes 2 □ No	260. Describe n	low injuly occur	100		
UNISION	or Attend after death Director: / in by the f		3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 28f. Location (Street and Number or Received in the control of									Route Number,	
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	To th within To th comp	Me	29b. Signeture and title of certifier	rindo	Life	y)	4	e number 8 9 4 5 8		29d. Deta aigne	d (Month, E	Pey, Year)	
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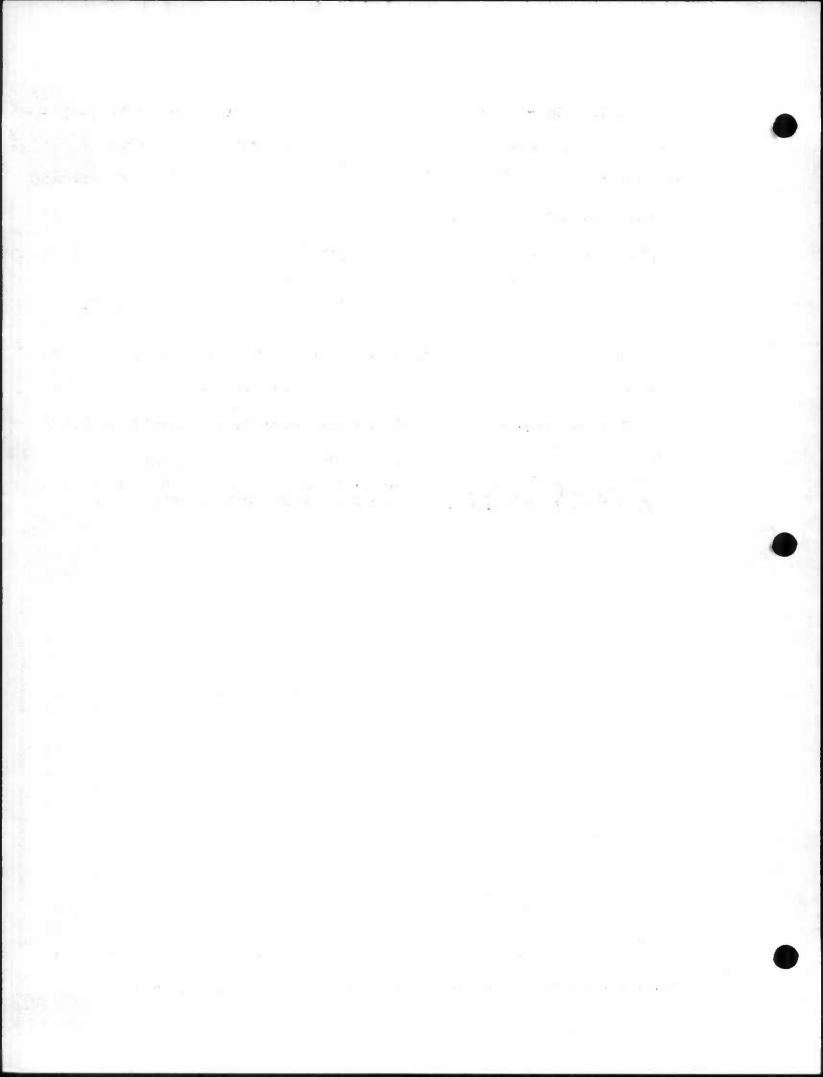
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					Ce	rtificate of	Death		Reg. No.		
	Dharata		1. Decedant's Nama (First, Middle, La	st)				2. Data of D			3. Time of Death
	Physic /Medi		Daniel Les	lie Minnick				Oct.	17, 1	996 2	2 A. M.
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	סי		Usual Residence of Decedant		1			ounc	2, 2,2	7 14.	
	ylan		10e. Stete 10b. County		city, Town or Lo	ocation				10d.	Insida City Limits
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	h wit		8514 Myersy	ille Rd.		21	769		U.S.	Α.	
	n 72 hours after death with the Meryland "neturel", or items 23s or 28s-f show sdicel Exeminer must be notified at	Funeral	11. Marital Status	12. Wes Decedant Evar in	U,S. 13.	Wes Decedent of	Hispanic Origin? (Span, Maxican, Puart	pecify Yas or N	o- 14. Red	ca - American i	
0	or its		1 ☐ Nevar Married 2 ☑ Married	Armed Forces? 1√E Yas 2 No 1 If Yas, Give	946			o Rican, etc.)	Bia	ck, White, etc.	
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Maryland	d 2 should th and Men 7 is marke traumatic		19a. informant's Neme/Ralationship (Type, Print)	19b. Mailie	ng Address (Stree	t and Number or Ru	ral Routa Numi	ber, City or Town,	Stata, Zip Co	de)
	17 In a		Ellanora Minni	ck (Wife)			ille, R				
ē,	s 1 and 2 f Health: Item 27 ii		20a. Method of Disposition		Place of Dispo	osition (Nama of		Deta	20c. Location		
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	/Medical Examiner		Immediata Causa (Finel disaasa or condition	a. G.E	13.	1zedi	- 9			12	2 /-
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O	ding I h. Aftar funar	to	1 Natural 5 ☐ Panding	(Month, Day Year)	Injury	Wo	ork?]Yas 2 □ No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental hygiena.	any in		21. Signature of Funerel Service Lice	M000			ROBER1	nd Addr	DAILEY	SON FU	NERAL H	OMES.	P.A.	
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Atten	4 0	Certification:	3 ☐ Suicide 6 ☐ Could not b	289. Place of	Injury - At ho	ome, ferm,	street, fecto	ry, office		28f. Location	(Street and Nur	nber or Rur	al Route Nu	ımber,
D Page	d in	ert	4 ☐ Homicide	building,	etc. (Specify	y)				City or 1	own, Stete)			
spite nours	rera / fille		29e. Certifier 1 Certifying Ph	ysician: To the be	st of my know	wledge, de	eth occurred	et the t	ime, date end ple	ce, and due to the	e ceuse(s) end /	manner as s	steted.	
DIV To the Hospital or A within 24 hours efter	To the Funeral Direct completaly filled in by	edicai	(Check only 2 Medical Examone)	niner: On the basis and menner	of examinal	tion end/or	investigatio	n, in my	opinion, deeth oc	curred et the time	, dete end plece	e, end due t	to the cause	e(s)
o th	omp	M	29b. Signatura and titla of certifiar				25	c. Licen	se number		29d. Dete sign	ned (Month,	Day, Year)	
- >	,- 0		R	7 1				1	46 2	_	12 1	00	-	
			30. Name and address of person who	completed cause of	of death (item	1 23a\ /Ti-	Print\	110	7 1	5	Oct	11	199	5
			P. Gregory Rausch					tre	et, Frede	erick M	arvland	2170	1	
	Sta	to	31. Dete tiled (Month, Dey, Year)	32. Regi	strar's Signa	ture		LIE	e, ried	LICK, II	ary rand	21/0	1	
F	ાઢ Registr		OCT 2 3 19	000	in Steve	. 0	4							
DHMH 16	Ť		001 83 3	Jul Jul	~ wille	you ha	really							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 11:15 AM Charles Ray Miller 27, 1996 October /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Gaithersburg Wilson Health Care Center Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 6. Sex 1 M 2 □ F 5. Social Security Number If Under 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) **Funeral** Devs Months Director 234-26-5636 85 May 11, West Virginia 1911 Usuel Residence of Decedent the Manyland 10a. Stete 10b. County 10c. City, Town or Location ortant: If Item 27 is marked other than "natural", or itams 23s or 28s-f show Injury or other traumatic event, The Medical Examiner must be notified at 10d. fnside City Limits Yes 2 No Director Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20877 death 301 Russell Avenue Funeral American 12. Wes Decadent Ever in U,S. Armed Forces? 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien permit. Peges 1 end 2 should be filed within 72 hours efter. Department of Health end Mental Hygiene. Important: If Item 27 Is merked other than "natural", or ital any injury or other traumatic event Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: Specify: White þ 3 Widowed 4 □ Divorced Year or Dates: Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) U.S. Government - NIH Property Manager 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John William Miller 2 Victoria C. Courtney 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Nancy M. Barry - Daughter 3314 Warehime Road, Millers, Maryland 20a. Method of Disposition 20b. Placa of Disposition (Neme of 20c. Location - City or Town, State cemetery, cremetory or other place) 1 ☐ Burial 2 🖾 Cremetion 3 ☐ Removel from State Montgomery Crematorium Inc. 4 ☐ Donetion 5 ☐ Other (Specify) Bethesda, Maryland 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility Olin L. Molesworth, P.A., Funeral Home 23a. Pert. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximately a such as cardiac or respiratory errest,

Approximately a such as cardiac or respiratory errest, Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner ettending physicien and I for use es the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequenca of): Records, P.O. Box 68760, Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequença of) signed by the e Part II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 20 No 3 Probably 4 Unknown 1 Yes þ should b Be Completed 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes an eutopsy performed? , page 2 s has 1 ☐ Yes 2 No 1 Tes 30 No certificate Division of Vital Hospital or Attanding Physician: director, 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? 1 Yes 2 No 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 2 Accident 5 Pending investigation To the Hospital or Attanding within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 Yes 2 No 3 Suicide 6 Could not be determined Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street end Number or Rure! Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 207 Brookes Avenue, Gaithersburg, Maryland James R. Moore, Jr., M.D. 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Davidson Randall Registrar

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate	of i		, ioinai ii	Reg. No.	96	34083
Physi /Me		1. Dacedent's Nama (First, Middla, I ANNA T	Last) HERESA		M	AJC	CHROW	IC:	Z	2. Data of D Month OCTOR	Deeth Dey BER 28	Yaar 1996	3. Tima of Death 5:25 PM
Exan		4a. Facility Nema (If not institution, g	give straat and nur	n <i>ber)</i>					4b. City, Town, or Le	-	ath 4c. Co	unty of Death	
		MONTGOMERY GE 5. Social Sacurity Number 6		OSPI 7. Age (In y		thefau)	If Undar 1 Y	/ear	OLNEY if Under 24 Hrs.	9 Date of B	MON	TGOME	
Funera Directo		215-54-7823 Usual Rasidance of Decedant	1□ M 2×F	46		Yrs.		ays	Hours Min.	8. Data of B (Month, L DEC . 17	, 1949	MAF	placa (State or Foraig intry) YLAND
the Maryland	tor	10a. Stata 10b. County MARYLAND MONTGO	MERY	10c.	City, Towr		ation						10d. Insida City Limits
or 28	Director	10e. Street end Number					10f. Zip Co				10g. Citizar	of Whet Cou	intry?
ath w	ra I	4021 SHALLOW BRO	OK ROAD						20832		UNITE	D STAT	ES
5-0020 T2 hours after death with the Maryland natural, or items 23a or 28a-1 show iteal Examinet must be notified at	by Funeral	11. Mantal Status 1 □ Naver Married 2 □ Married 3 □ Widowad 4 ▼ Divorcad	12. Wes Dace Armed Fo 1 Tas If Yas, Giv Yaar or Da	rcas? 2/X/No	U,S.		as Decedant Yas, specify ☐ Yes 2	_	ispanic Origin? (Sp in, Maxican, Puarto Specify:	ecify Yes or N Rican, etc.)		Race - Amer Bleck, Whita ecify: WHI	, etc.
Maryland 21215-0020 d 2 should be filed within 72 hours af the end Mental hygiene. 7 Is marked other than "natural", or traumetic event, the Medical Exert	Completed	15. Decedant's (Specify only highast g Elamantary/Sacondary (0-12)	Education prede complatad) Collaga (1	-4or 5+)	16a.	(Giva k life. D		ccupi lone d etired	ation du <i>ring</i> most of work f)	ing		of Business/l	
other 1	ပိ	17. Fathar's Name (First, Middla, La.				1 5	ACHER	- 1	18. Mothar's Name	a /First Middl		DUCATI	UN
aryland should be filed and Mental Hygi marked other umatic event, I	To Be		•									mairia	
		THOMAS L. ONETO ELLEN BASILE 19e. Informant's Name/Ralationship (Type, Print) ELLEN B. ONETO – MOTHER 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Steta, 603 WATTS BRANCH PARKWAY, ROCKVILLE, MD.											
of Far and of the		20e. Method of Disposition 12 Burial 2 Cremation 3 4 Donetion 5 Othar (Spec					ition (Name of atory or other EAVEN		METERY 1	Data L/4/96		ion - City or T	
Baltimo permit. Pege: Department of important: if I any injury or		21. Signatura of Funeral Sarvice Lic	H-Ba	when					BARBER FU 038, LAYI			. 2088	12
Physicia		23a. Part1. Enter tha disaasa, or co shock, or heert failure. List on	mplications thet ci ly ona ceusa on a	eused tha da ach line.	ath. Do n								Approximata Intarval Between Onset end Deeth
/Medica Examine		Immediata Ceusa (Final disaase or condition rasulting in daath)	a. Mu	ltiple Dua to	(or as e	onsaqu	ence of):						
pe is	Jiner		b. ———										
tificeta be executed graysician and as the buniel-transit	i Examiner	Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury		Dua to	(or as a c	onsequ	ance of):						
OX 58/60, certificeta be execut iding physician and use as the buniel-trar	/Medical	that Initiated avants resulting in death) Lest	d	Dua to	(or es e c	onseque	ence of):						
the death by the etter ached for u	Physician/	Pert II. Other significant conditions	contributing to de-	ath but not re	asulting In	tha unc	darlying caus	a giva	an in Part I.		i tobecco use		to the cause of death
HECOLOS, He law requires that shas been signed to sge 2 should be det	by										s an autopsy formed?	24b. W	fere eutopsy findings
HECC e law re has be ge 2 sh	Completed						•			poi	ionneg i	C	omplation of ceuse death?
= F # &										1(2	{Yas 2□N	0 1	Ø¥es 2□ No
OI VICAL Physician: Th this certificate ral director, per	Be	25. Wes cesa rafarred to medical axaminar?	Hospital:					Otha	26. Pleca of Daati				
ing Physical distributions of the control of the co	1. To	1 XYas 2 No 27. Mennar of Death	1 In Ir		28b. Ti		3□ DOA		4 LI Nursing Ho				(v) senger in auto
Ing Ing	i o	1 □Naturel 5 □ Pending	(Month	Day Year)	In	jury	28c. I	Work	(?	200. Describe	/ now injury or	curred pas	verge in a

To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral Division

> 30. Neme and address of person who completed causa of death (Item 23a) (Type, Print) Donald G. Wright M.D. 31. Data filed (Month, Day, Year)

5 Pending Investigation

6 Could not be detarmined

111 Penn Street, Baltimore, Maryland 21201

1 ☐ Yas 2 ☒No

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date end plece, and dua to tha ceusa(s) and menner as stated.

2 Medical Exeminar: On the basis of examinetion and/or invastigetion, in my opinion, daath occurred at the tima, date and plece, end due to tha cause(s) and mannar stated.

29c. Licensa number

O.C.M.E.

5:05P

STREET

28a. Place of Injury - At home, ferm, straat, factory, office building, atc. (Specify)

Truck by another outo

Aus, Olney, Mongomery Co., MD

281. Location (Street end Number or Rural Routa Number, City or Town, Stata) Route 108 and George

29d. Deta signed (Month, Dey, Year)

NOVEMBER 01, 1996

State Registrar

Medical Certification

1 Naturel

2 Accidant

3 Suicida

29a. Certifiar

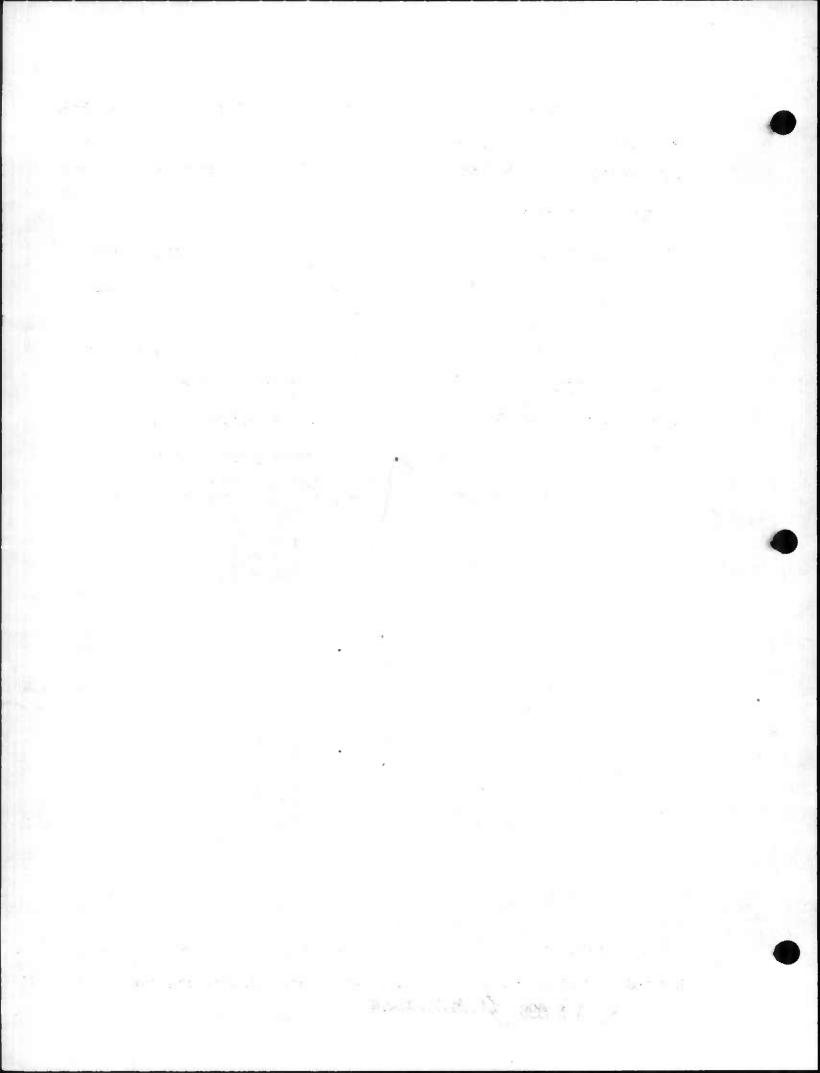
4 - Homicida

29b. Signatura and titla of certifier

32. Registrar's Signatura

Sh Wright MD

10/28/1996



State of Maryland / Department of Health and Mental Hygiene

31,084

						Ce	rtificat	te of	Death		R	eg. No.		04004
	D1		1. Decedant's Neme (First, Middle	, Last)							2. Deta of Daar	th	Vana	3. Time of Death
U	Physic /Medi		George	Emory	Mas	on					Octobe	r 27,19	996	1115
	Exami		4e. Facility Neme (If not institution	give street and nur	nber)	,			4b. City, To	wn, or Lo	ocation of Deeth	4c. Count	y of Deeth	
1			Calvert Memo	orial Hosp	pital				Prince	e Fre	ederick	Ca	lvert	
	Funeral Director		5. Sociel Security Number 217-07-5918	6. Sex 1 XM 2 ☐ F	7. Age (In yrs.	last birthday,	Months	r 1 Yaa Deys		24 Hrs. Min.	8. Deta of Birth (Month, Day, Dec. 17	Year) ,1913	Cour	olece (State or Foreign ortry) Vland
	p .		Usual Residence of Dacedent 10e. State 10b. County		10.0								-	
	aryle show	-		•		ty, Town or L							1	10d. inside City Limits
	Ne M	Director	Maryland Calve	ert	S	t. Lec								1 ☐ Yes 2 X No
	vith to	급	10e. Street end Number	1			10f. Zip		0.5	•	1	0g. Citizen of		ntry?
	s 23e	Funeral	6685 Mackall I					206	-			US.		•
	er de Item	nu	11. Merital Status	12. Wes Dece Armed For	rces?	I,S. 13.	Was Deceif Yes, spe	dent of cify Cul	Hispenic Ori ban, Mexicar	igin? (Spi n, Puerto	ecify Yes or No- Rican, atc.)		ce - Americ ck, White,	en Indien, etc.
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylend Depertment of Health and Mantal Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.	by	1 Never Married 2 Married 3 Widowed 4 Divorced	ed 1 Yes If Yes, Giv Yaar or Da	e**		1 🗆 Yes	2/XNC	Specify:			Specif	Bla	ck
5-	72 h	Completed	15. Decedent (Specify only highes	s Educetion grade completed)		16e. Dece	dent's Usu	el Occu	ipetion e during mos ed)	t of work	ina	16b. Kind of B	usiness/In	dustry
121	within ene. than	mpi	Elementery/Secondery (0-12)	College (1	-4or 5+)				ed)		9			
	Hygie ther th	ပိ	J				Labor	er	T				truct	lon
and	be fi	Be	17. Fether's Name (First, Middle, L John	,			*				e (First, Middle, M		-	
K	Mantal Marked o	2		Maso)II				Ann				urray	
Maryland	l 2 sh l and ls m		19a. informent's Name/Reletionsh								al Route Number			
	l and lealth m 27 her tr		Ruth Mason/Wife	3	001				Road	St.	Leonar			
Baltimore,	Peges hent of H		20a. Method of Disposition 1 Burial 2 □ Cremetion	3 □Removel from §		Place of Disponentery, cre	metory or o	me or other pla	ace)		Dete	20c. Location	- City or To	own, State
Ë	men men tant:		4 ☐ Donetion 5 ☐ Other (Sp			rd's U	M Chr	. C	em.	11	1/1/96	Owing	s, MD	
Sal	permit. Depertu Importa any ink		21. Signature of Funeral Service L	icensea		2:	2. Name ar	nd Addr	ess of Fecili	y Sev	vell Fun	eral H	ome	
ш	70 E 9 9	1451 Dares Beach Rd. Prince Frederick, 1												
			23e. Pert1. Enter the diseese, or a shock, or heart feilure. List of	complications that ca	aused the deet	h. Do not en	ter the mod	le of dy	ing, such es	cardiac o	or respiretory erro	est,		Approximete Intervel Between
V	Physician		N. Seed Salling and Income			/	,			1	4			Onset and Death
	/Medical		Immediete Ceuse (Finei disease or condition resulting in deeth) Cerlbro - Vascular Accidentin											
п	Examiner		resulting in deeth)	9	Due to (or es e conse	quence of):							
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	ertificata be axecuted ling physician end se as the bunal-trensit	Examiner	Sequentially list conditions,	В. ——/	Due to (d	or as a consec	quence of):		6.1					
o,	e axe ian e urial-		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying					Vo	ROC	ul	ar e	9130	are	
68760,	ata b nysic he bi	edical	Cause (Diseese or Injury that Initiated events resulting in deeth) Last	c	Due to (c	r as a consec	quenca of):				1 0			
× 6	ng pl	Med	rosaning in about y East	(ove	CVA	Do	1	Leo	2/	- for	Iwa	2	
0	0 2 2	an	`	d							U			
Ö.	law requiras thet the death certifi as been signed by the ettending ? 2 should be detached for use as	Physician	Pert II. Other significant condition	s contributing to de	ath but not res	ulting In the u	nderlying o	ause g	iven in Part I		23b. Did to	bacco use co	ntribute to	the cause of death?
P.O.	of the	h,	Acuto 1	on C	hom	2	Ro.	1	21		1 U Y	s 2□ No	3 ☐ Prol	bably 4 Unknown
Ś	gned op de	by	1,000,00	CN CN	VUTT	- 0	10	7 6	1					
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ည	s been 2 shoul	Completed			10		0	- 0	2 - 1		perion	ileu :	CO	mpletion of ceuse deeth?
	sicien: The law cartificata has b lirector, page 2 s	Eo	95 chas:	mig /	rea	1	9115	E	are		1 □ Ye	s all No		Yes 2□ No
B	ifficat	Be C	25. Wes cese referred to medical						26 Place	of Dooth	(Check only on			1 (92 2 140
Division of Vital	Attanding Physician: The is redeth. ector: After this cartificate he by the funeral director, page	To B	exeminer? 1 ☐ Yes 2 ☐ No	Hospitel:	patient 2	ER/Outpetier	nt 3 DC	01	hor:		me 5 Reside	de la companya	or (Specif	iv)
0	y Phy eral		27. Manner of Deeth	28a. Date o	f Injury	28b. Time o		8c. Inju	iry at	-	28d. Describe ho			7)
O	oding th. : Afte	ito	1 Naturei 5 ☐ Pending 2 ☐ Accident investiga		i, Day Year)	Injury	м		ork?]Yes 2∐l	No				
115	Atter r dee ctor	flee	3 ☐ Suicida 6 ☐ Could no	ot be 28e. Place	of Injury - At he	ome, farm, sti	reet, factor	, office			28f. Location (St	reet and Numi	per or Rura	I Route Number,
ă	afte Dire	Certification:	4 Homicide	buildin	g, etc. (Specif	y)					City or Town	, State)		
	Hospital or Attanding I 24 hours after deeth. Funeral Director: After tely filled in by the funer		29a. Certifier 1 Certifying	Physician: To the b	est of my kno	wledge, deet	occurred	et the t	lme, date en	d place.	and due to the ce	ousa(s) and mo	enner es s	teted
	Ho Fu	edical	(Check only 2 Medical E	xamtner: On the base	sis of examine	tion end/or in	vestigation	in my	opinion, dea	th occurr	ed et the time, da	ate and place,	and due to	the ceuse(s)
	To the Hospital or Attanding Ph within 24 hours after deeth. To the Funeral Director: After th complately filled in by the funeral	29b. Signeture and title of certifiar 29c. License number 29d. Date signed (Month, Day									Day, Year)			
	, , ,		MR	hal	vn	2,00	6	2-	226	34	/	10/27	196	
	5		30. Neme end eddress of person w	ho completed cause	of death /Iton	239) /Tune	Print					•		
	1		Dr. M. Shah, M					206	78					
	Sta	te	31. Dete filed (Month, Day, Yeer)	32. Re	gistra√s Signe	ture			, 0					
	Registr	_	NOV	01 1996	Find d	auchen-	Rarball							

Topic Tenner of the second second second promotion and the result and the second seco

4 hours after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detached n, or removal.	e medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1 23 shows any injury, or of	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE						
		ELEN IRENE	MILLER	2		2. DATE OF DEATH OCT 25	, 1996	3. TIME OF DEATH 10:50 A M				
L DIRECTOR	217-28-2272	7-28-2272 1 M 2 X F 65 YRS. MONTHS DAYS HOURS MIN. (Month, Day, (Ser) 7 / 31 / 1931										
	98. FACILITY NAME (If not institution, give street 132 CITY VIEW AV RESIDENCE OF DECEMENT	*	9		INSTER	EATH	9c. COUNTY OF DEATH CARROLL					
	MARYLAND CARI	ROLL		VESTMI				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	132 CITY VIEW A	VE.		101	21157		109. CITIZEN OF WHAT COUNTRY?					
B≺	11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ZYZNO	If yes, sp		NIC ORIGIN? (Specify on, Puerto Rican, etc.)	fes or No 14.	RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 1 2.		(Give kind of wor life. Do NOT use i	k done during ma	st of working		E MAKI	USINESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last) JOI	HN STERLIN	г ноок			ME (First, Middle, Meid LIZABET)		LEY				
TO B	190. INFORMANT'S NAME (Type/Print) WM. FRANCIS MILI		132 CI	TY VI	EW AVE.		NSTER,	MD. 21157				
	20e. METHOD OF DISPOSITION (X) Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary,											
	22. NAME AND ADDRESS OF FACILITY FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD.21157											
	23. PART I. Enter the phasess, or com- shock of heart feliure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	METAS 7	ATK			has cardiac or re-		Approximata Interval Between Onset and Death SO MOS				
CERTIFICATION	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
SAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?											
PHYSICIAN: MEDIC						1 YES	1 YES 2 NO COMPLETION OF COM					
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PI	ACE OF DEATH (C)	neck only one)		,				
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	tlent 3 □ DOA 4	OF 28c. INJ		8 Other (Specify) 28d. DE\$CRIBE HO	OW INJURY OCCURED					
B⊀	Natural 5 Pending	28e. PLACE OF INJURY -	- At home, farm, str	M 1 🗆	YES 2 NO		reet and Number or Rural Route Number,					
ETEL	4 Homicide determined	building, atc. (Specifi	y) 			City or Town, St	nte)					
COMPLETED	(Check only	N: To the best of my knowle						euse(s) and manner as steted.				
TO BE	290. SIGNATURE AND THE OF CERTIFIER	Kunt	MD		29c. LICENSE NU	MBER 398	29d. DATE S	IGNED (Month, Day, Year)				
	Flavio grute	X, MD 68	TH (ITEM 27) (700, F	Teld	West	minster	mD	21157				
-	31. DATE FILED (Month, Day, Year) OCT 2 9 1996	32. REGISTRAD'S SIGNA	prhadall									

State of Maryland / Department of Health and Mental Hygiene 96

							Cer	tificate	e of	Death			Reg. I	۵.		0 7	000
Ţ			1. Decedent's Name (First, Middla,	, Last)		-						2. Date of D	eath		Yaar	3. Tima	of Death
	Physic /Medi		Hazai laona Mulliniz							Month Oct.				12:45	5 AM		
	Exami		4a. Facility Nama (If not Institution,	giva street and nu	ra street and number) 4b. City, Town, or Lo						wn, or Lo		-	199 c. County			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			North Hampton N	Nursing H	ome					Frede	rick		F	rede	rick		
	Funeral		5. Social Sacurity Number	6. Sax	7. Aga (h	n yrs. last birt	hday)			If Undar		8. Data of B	irth			piace (Stat	a or Foraign
ш	Director		214-60-3821	1□M 2√2F		84	Yrs.	Months	Days	Hours	Min.	(Month, D		912		arylar	
	pu ,		Usual Residence of Decedent														
aryle	anyle show	_	10a. State 10b. County		10	oc. City, Towr											City Limits
	Ne Me	cto	MD Frederick Frederick										1 L Y	es 2 No			
	vith th	늄	10e. Street and Number					10f. Zip						Citizen of V			
	ath v	Funeral Director	200 E. 16th Str					217						ted S			
	er de	- E	11. Maritai Status 12. Was Decedent Evar In Armad Forces?				13. V	Vas Deced Yas, spec	lant of I	Hispanic Orl an, Maxicai	lgin? (Spo n, Puarto	ecify Yas or N Rican, etc.)	0-		e - Amari k, White,	can Indian, , etc.	
20	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Marylend Depertment of Heelth end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Examiner must be negliged at once.	by F	1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 Î No If Yes, Giva 3 ☐ SWidowed 4 ☐ Divorced Year or Dates:				1	☐ Yas 2	X No	Specify:				Specify	. Whi	te	
ğ	2 hou	Pe	15. Decedant's	s Education		16a.	Deced	ent's Usua	I Occur	pation			16b.	Kind of B	usiness/ir	dustry	
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Baltimore, Maryland 21215-0020	end t		19a. Intormant's Name/Reletionsh									al Routa Num					
	and and a selth		Mary Dayhoff	(daught	er)	26	534	01d 1	New	Winds	sor F	Rd. Nev	v Wi	ndsor	, MI	2177	16
	of H of H of A		20a. Method of Disposition 1 St Burial 2 ☐ Cremation	3 Removal from		20b. Place of cematar	Dispos y, crem	ition (Nam atory or of	na of thar pla	ice)		Date	20c.	Location -	City or T	own, State	
	men ant:		4 ☐ Donation 5 ☐ Other (Spe		Julio	Prospe	ect	U.M.	Ch	urch (Cem.	10/21/	96	Mou	int A	iry,	MD
3al	Dependent Manager In Mandria In Manager In Manager In Manager In Manager In Manager In M		21. Signature of Funaral Service L	censee						ess of Facili	hv	12 W. C					
_	20 E = 9		Lodd4.	Kellu	4		Buı	rier	-Qu	een		field,					
в		i	23a. Part1. Enter the disease, or of shock, or heart feilure. List of	omplications that only one cause on e	causad tha each line.	death. Do n	ot anta	r the mode	e of dyi	ng, such as	cardiac	or raspiratory	arrest,		1	Approxim	Between
	Physiclan					- (-									+	Onset an	d Death
	/Medical Examiner		Immediate Cause (Final disaasa or condition resulting in death)	a	>	tro	った	20								Sde	245
		10				to (or as a c					-	_			1		1
	nsit	min		b		AK		,	15	105	65				<u> </u>	40	155
,	eeth certificate be executed ettending physician and for use es the bunel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying								į	1					
68760,	e be rsicia	edical	Cause (Disease or injury that initiated events resulting in death) set Dua to (or as a consequence of):														
	ifficat g phy es th	ed	resulting in deeth) Last														
ŏ	h cert endin	≥	d.														
	The lew requires that the deeth or ate has been signed by the ettend page 2 should be detached for us	sicia	Pert il. Other significant condition	s contributing to de	eath but no	ot resulting in	the un	derlying ca	ausa gir	ven in Part i		23b. Did	tobac	co use co	ntributa t	o the caus	e of death?
0	at the i by the stach	Completed by Physician	Diabetes Myllitus 18700 20 No 3							3 Pro	bably 4	Unknown					
	igned be de		VIAD	4 175	19	411-	40	5									
Records,	been s											24a. Wa per	s an au		a\	ere autops vailabla prio	or to
ec	hes by ge 2 st															mpletion of death?	I cause
	The sate h											1□	Yes	20 No	1	☐ Yes 2	□ No
Division of Vital	vician: The certificate rector, pag	Be	25. Was case reterred to medical examiner?						1		of Death	(Check only	ona)				
of	Physic this c	L 2	1 Yes 2 No		Inpatient	2 ☐ ER/Out	,		A			me 5□Res				(y)	
ב	Attending Physician: or death. ector: After this certific by the funeral director,	lon	27. Manner of Death 1. □ Natural 5 □ Pending		of Injury th, Day Ye	28b. T	ima of ijury		Bc. Inju Wo			28d. Describe	how in	jury occur	ed		
S	death death tor: / the /	cat	2 Accident invastigation M 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, tarm, street, factory, office 28f. Location (Street and Number or Rural Route for City or Town, Stata)								of Douts M						
2	or A after Direct In by	Certification:									II HOUTE IVL	Jm <i>ber</i> ,					
	spital iours nerai		29a. Certifier 1 Certifying	Physician: To the	best of m	v knowledge	deeth	occurred a	t the ti	me dete an	d place s	and due to the	COLLEG	(e) and me	nnar ac s	tated	
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	(Check only 2 Medical Ex	caminer: On the bi	asis of exa	imination and	Vor inv	estigation,	In my o	pinion, dea	th occurr	ed at the time	, date a	nd placa,	end due t	o the cause)(s)
	within To th	ž	29b. Signature againtitle of certifier	6/	0	, .		29c.	Licens	se number			29d. E	ate signe	d (Month,	Day, Year,)
	-		DI ADDI	2/	1.	7	50	-	T) 164	128		1	0/2	21/	90	
			30. Name and address of person w	no completed dus	e of death	(Item 36a) (Type, P	rint)			,	-		1	,	-C->	0
_			Casper Cli	1	300	Wi	77h	ST		Freder	C'c/c	MD)	/			
	Sta	-	31. Date tiled (Month, Day, Year)	1996	egistrar's	Signature						/					
	Registr	ar	OCT 3 0	וסטטו	ma alle	DE TOLIN	Ma	4									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Kay Ille 96 Jurray 2 10 1600 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holi HOSPITO

7. Aga (In yrs. last birthday) pring lontgomeri 1055 9. Birthplaca (Stata or Foreign Country) 6. Sax 1 M 2□ F If Undar 1 Yaar 5. Social Sacurity Numbar **Funeral** Months Days Usual Rasidance of Dacedant 67 Yrs. June 7, 1929 Birmingham, AL Director the Maryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits Washington, D.C. Director Yas 2□No 10a. Street and Number 10g. Citizan of What Country? permit. Peges 1 and 2 should be filed within 72 hours efter death with: Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or itema 23a or any Injury or other traumatic event LW. 42 temlock 20012 United Funeral 12. Was Dacadant Evar in U.S. Armed Forcas? 1 M yas 2 □ No If Yes, Giva Year or Datas: 13. Was Decedant of Hispanic Origin? (Spacify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 📉 No þ 3 □ Widowad 4 □ Divorced Specify: Black Completed 15. Dacedant's Education (Spacify only highast greda complated) 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) U.S. Government -awyer 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 13 OY 31 E Kay 19a. Informent's Name/Relationship (Typa, Print) Moore Watts 1000 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) N.W. Vashington DK. 20012 Hemlock St. lurray 1423 Joyce Date 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of camatary, cramatory or other placa) 20c. Location - City of Town, Stata Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Spacify) Rock Creek Cemetary 10/31/96 Washington, DC. 27. Signature of Ediferal Sarvica Licensaa

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To the Fueral Director: After this certificate has been signed by the ettending physician end completely filled in by the funceral director, page 2 should be detecthed for use as the buriet-transit completely filled in by the funceral director, page 2 should be detecthed for use as the buriet-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Ceuse (Disaase or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? encephalopath 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical axaminer? 28. Placa of Daeth (Check only ona) Hospital: 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Medical Certification: To 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding 1 Yas 2 No invastigation 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stefa) 4 | Homicida 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, end dua to tha causa(s) and menner es stated.
2 Medical Examinar: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and place, and dua to tha causa(s) and mannar stated. 29a. Cartifiar 29b. Signatura and title of amifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nema and address of person who complated cause of daeth (Itam 23a) (Type, Print) 20910

Registrar

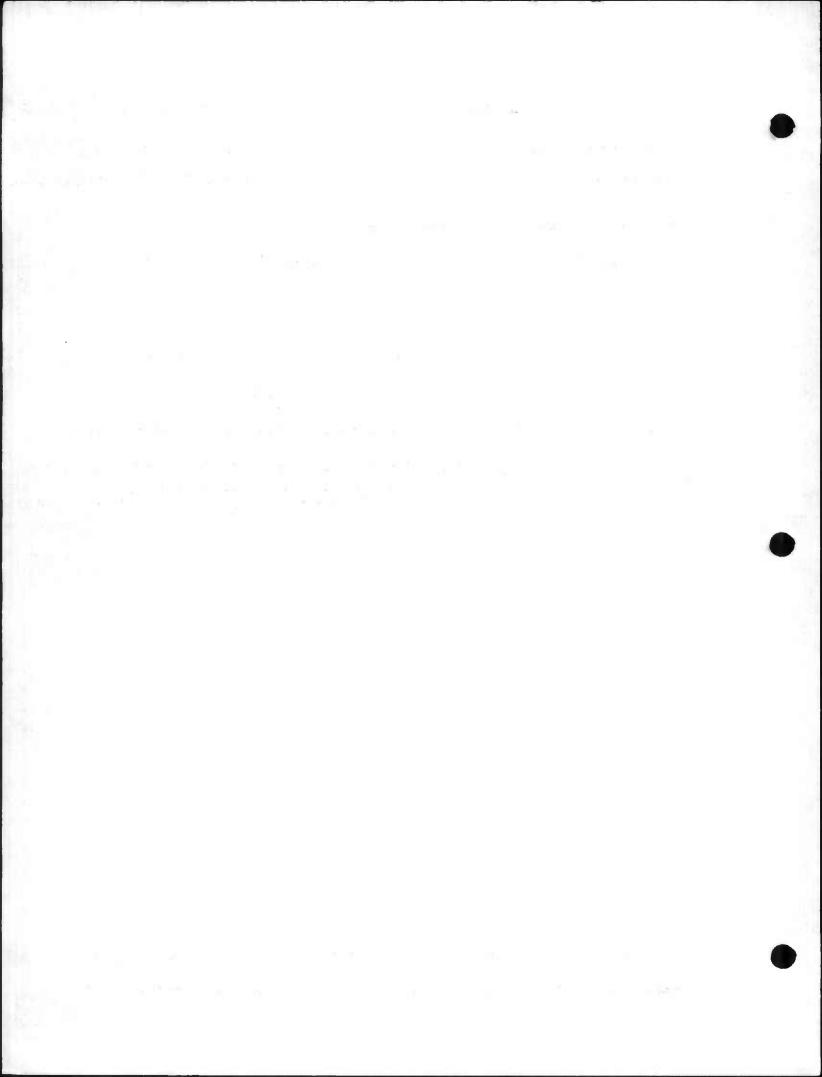
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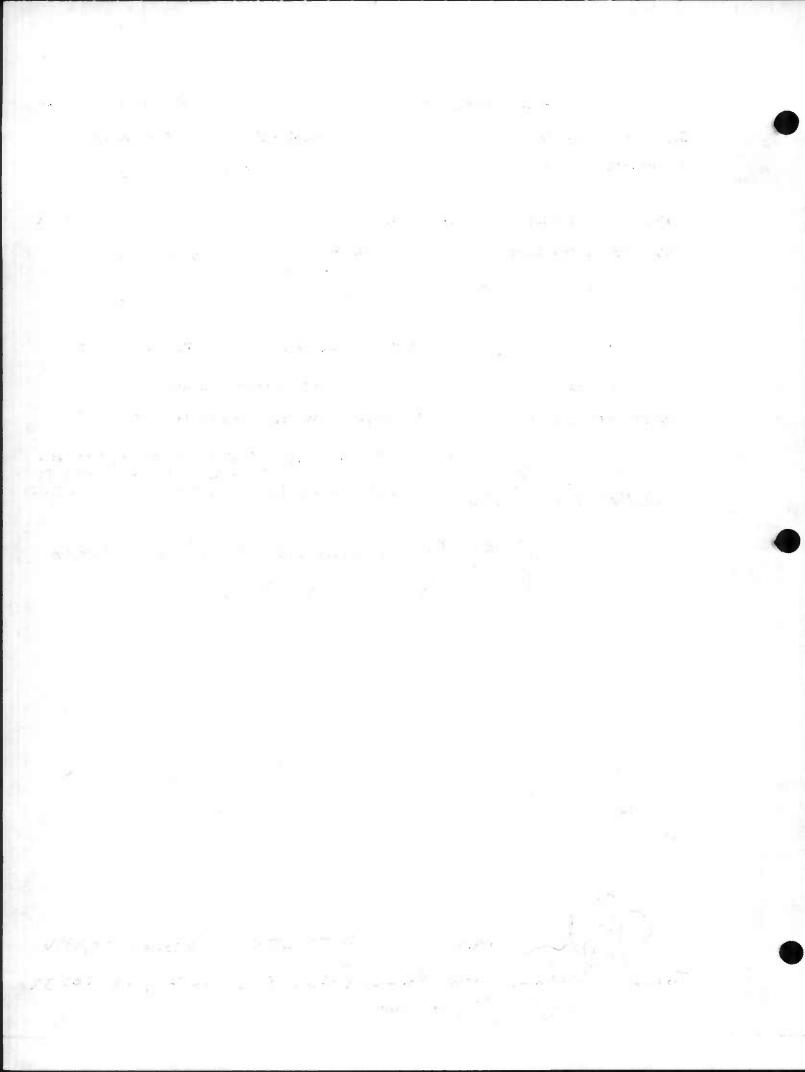
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	th with 23a or		/20/ Homes Chart					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				nuy:	
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Baltimore,			1 ₺ Burial 2 ☐ Cramation 3 ☐ R	amoval from State	X								
I	当年書		4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Euroral Service-Licepet	1	ate o	of Hea	ven Cer	netery 10)/28/968	Silver S	Spring	g,Maryland	
Ba	Dep part		14///	41		Frai	icis J.	collins	Funeral	Home,	Inc.		
	1 2		23a Part Fotor the distance or compli	nations that onus	ut the death. De	500	Univer	sity Blvd	., W. S	il.Spr.	,Mary	land 20901 Approximate	
	Physician	4	23a. Part 1. Enter the disease, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or respiratory errest, intervei B Conset en										
	/Medical Examiner		Immadiata Ceusa (Final diseasa or condition resulting in daeth)	Gastric	Hemorr	hage					1	hour	
		7	,		Dua to (or as	e consequa	nca of):						
	nsit	듄	_ b	Gastrop							1	0 years	
Ć.	axecun and ial-tra	Examiner	Sequantially list conditions, if any, leading to immadiate causa. Entar Underlying Cause (Disasse or injury that initiated avants Dua to (or as a consequence of): Dua to (or as a consequence of):								1		
8760,	ata be axecuted nysiclan and he burial-transit	Ical	Cause (Disaase or injury thet initiated avants	Diabete	S Mellii Dua to (or as e		ica of).				3	5 years	
Ò	leath certificata be axecut » attanding physician and d for use as the burial-trar	8	resulting In death) Last d.										
). Box	death e attar	Physician/M	Part II. Other significant conditions con	tributing to death	but not rasulting	In the unda	rlylng causa gi	ven in Pert I.	23b. Did 1	obacco use co	ontribute to	the cause of death?	
J.	that the de ed by the detached	Phy	Company Antonio Di						10	1 Yes 2 No 3 Probably 4 Unknow			
Š,	8 88	b	Coronary Artery D	Lsease									
Records,	~ Q S	Completed	End-stage Renal Failure							24a. Wes en autopsy performed? 24b. Wara eutopsy f aveilable prior t complation of c of deeth?			
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Division	if or Attandi aftar death. Director: A d in by the fo	Certification:	3 ☐ Suicide 6 ☐ Could not be datermined	28a. Piece of Injury - At homa, ferm, street, fectory, offica building, atc. (Specify)					281. Location (Street and Number or Rural Route Number City or Town, State)				
	To the Hospital or Attanding Ph within 24 hours aftar death. To the Funeral Director: After th completaly filled in by the funeral	edlcai C	29a. Certifiar (Check only one) 1	ician: To the best er: On the basis of and mannar s	of axamination a	ga, death oc and/or invest	curred et the ti igation, in my o	me, data and placa, opinion, daath occurr	and due to that red et the time,	causa(s) end m date end plece,	anner as si and dua to	leted. tha causa(s)	
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			30. Nema and addrass of person who con		deeth (Itam 23a) (Type, Prir		000		october)	45,	דאאם	
	10		Deena J. Shapiro, M	1.D. 108	310 Conr	nectic	ut Ave	nue Kensi	ington.N	Maryland	1 20	895	
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State of Maryland / Department of Health and Mental Hygiene 96 34089

						Cen	tificate of	Death		Reg. No.	40/		
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/Medica		cal	al Kobert Edillurid			ller			oct.		1998	9:45AM	
	Exami	ner	4e. Fecility Neme (If not institution, give street and number) 515 Brighton Dam Road					4b. City, Town, or Brookevi	11e		y of Deeth	cy	
	Funeral Director		311-01-4166	Sex 7. Age (In y	rs. lest bil		Months Deys			r th 1908	9. Birthr Cour Inc	plece (State or Foreign ntry) liana	
020	land m		Usual Residence of Decedent 10a. Stete 10b. County	10c.	City, Tow	n or Loc	ation					Od. Inside City Limits	
	Mary	tor	Maryland Montgon	nerv B:	rooke	vil:	le					1 ☐ Yes 2 ☐ No	
	3a or 28e	il Director	10e. Street and Number 515 Brighton Dan				10f. Zip Code 20833			10g. Citizen of			
	72 hours efter death with the Maryland "natural", or items 23a or 28s-f show idical Examiner must be notified at	by Funeral	11. Marital Stetus 12. Was Decedent Ever in U, Armed Forces? 1 □ Never Married 2 □ X Married 1 □ Yes 2 X No		n U,S.		as Decedent of Yes, specify Cul	Hispanic Orlgin? (S pan, Mexicen, Puer Specify:	Specify Yes or Noto Rican, etc.)	0- 14. Ra Bio	ca - Americ eck, White, ty: White	ean Indien, etc.	
5-0	thin 72 ho e. an "natur Medical	eted	15. Decedent's E (Specify only highest gr	ducation	160	16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Busine						dustry	
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d 2	be filed value of other the other th		17. Father's Neme (First, Middle, Last			0.0.	Treadu	18. Mother's Nai	me /First Middle			TCII C	
lan	o d ia	To Be						Ida Net			1110)		
Baltimore, Maryland 21215-0020	d 2 T is	j-	19a. Informent's Name/Relationship (Robert Edwin Mil	Type, Print)				tend Number or Ri Dam Road	ure/ Route Numb	per, City or Town			
	permit. Pages 1 end 2 Department of Health Important: If Item 27 It any Injury or other tra once.		20a. Method of Disposition 1 Burial 2 Cremation 3 C 4 Donetion 5 Other (Special Control of Contro	Removal from State (y)	cemete	inc 22.		ess of Facility H	ines-Ri	naldi Fu	ood, ineral	own, Stete Maryland I Home Inc. , Md. 20904	
	Physician /Medical Examiner		23a. Part1. Enter the disease, or copy shock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death)									Approximate Intervel Between Onset end Deeth	
x 68760,	certificate be executed and use as the burial-trensit	Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	c	(or es e	conseque	ence of):	JERA					
O. Bo	death e etter	Physician/	Pert II. Other significent conditions	ontributing to death but not r	esulting in	n the und	lerlying ceuse gi	ven in Pert I.	23b. Di d	tobacco uee co	ontribute to	the cause of death?	
P.O.		/ Ph								1 Probably 4 Unknown			
Records,	e law requires has been sign ge 2 should be	Completed by							24e. Wes	en eutopsy ormed?	CO	ere autopsy findings elleble prior to mpletion of ceuse deeth?	
Ť	The ate h page	Com							10	Yes No	10	Yes No	
Vital	ysician: The Lis certificate he director, page	Be	25. Was cese referred to medicel exeminer?	11		_		26. Plece of Dee	eth (Check only	one)			
o	는 후들	ation: To	27. Manner of Deeth Staturel 5 Pending 2 Accident Investigation	28e. Date of Injury (Month, Dey Year)		tpetient Ime of njury	28c. Inju	her: 4 Nursing Home 5 SesIdenca 6 Other (Specify) ry et 28d. Describe how injury occurred tk? 1 Yes 2 No					
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	Viit To To To To To To To To To To To To To	Σ	295. Signature and title of certifier	A A A			29c. Licens			29d. Date sign			
			JAM	~ WD				3563	5	Ucto Ba	in 2	5,1996	
	8		30. Name and address of person who	um, 1811	(P	11-	- 12	:// 1	n, 0	LNEY	My	20832	
	Sta Registr	_	31. Dete filed (Month, Day, Yeer) OCT 2 8 19	32. Registrar's Sig	neture widson	- Pan	dell						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Mary Margaret Madden October 27, 1996 5:15 AM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Bethesda 4502 Middleton Lane Montgomery 5. Social Security Number If Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplece (Stete or Foreign Country) Months Deys 1 □ M 2 🕅 F 303-01-2563 Yrs. Director 83 Apr. 21, 1913 Ohio Usual Residence of Decadent death with the Maryland 10a. State 10b. County 10c. City, Town or Location ns 23a or 28a-f ahow must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 1 No Bethesda Maryland Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20814 United States 4502 Middleton Lane Funeral Hems 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. the Medical Examiner Pages 1 and 2 should be filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 21215-0020 ò 1 ☐ Yes 2 ☑ No Specify: þ Specify. 3 Widowed 4 Divorced White natural Completed 15. Decedent's Education 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Own Home 12 Homemaker traumatic event, Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be is marked of Thomas F. Grogan Mary Elizabeth Kenily 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other trai 33 Hall Road, Chatham, New Jersey 07928 Mary Jeanne Madden/Daughter 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece oct. 29. 1996 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State Gate of Heaven Cemetery Silver Spring, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22 Neme and Address of Facility
Robert A. Pumphrey Funeral Home/
7557 Wisconsin Avenue
Bethesda, Maryland 20814-3501 Bethesda-Chevy 21. Signature of Funeral Service bicensee Chase, Inc. M00198 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. Approximate **Physician** /Medical Immediete Ceuse (Final Lung Cancer 3-4 months disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner Emphysema Years Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest buriel-trar Due to (or es e consequenca of) The law requires that the death certificate be execu Box 68760. attending physician for use as the burie Physician/Medical Due to (or es e consequence of) P.O. ed by the a detached f Pert II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of death? signed by to d be detach 1 Nes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? ueed has certificate 1 ☐ Yes 2 1 No 1 ☐ Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 🖾 Residence 6 ☐ Other (Specify) ۵ 1 ☐ Yes 2K No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After t 5 Pending investigation 1 X Neturel death. 1 ☐ Yes 2 ☐ No 2 Accident after death 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 2 4 Homicide 24 hours Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner steted. Medical 29a. Certifier (Check only within 2 To the 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Je40per 27,1896

State Registrar 31. Dete filed (Month, Day, Year) OCT 2 8 1996

809 velis mill food, packille, marylard IRA Berver M.D. 32. Registrer's Signature hia Davidson Handall.

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Year 20 NNIE /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Montgomers SUBULBAN 25 5. Social Sacurity Number 6 Sex If Under 1 9. Birthplace (State or Foreign Country)

NEW YORK 7. Age (In yrs. last birthday) Year **Funeral** Days Hours 1□M 2♥F Yrs. Director 116-01-3912 Usual Residence of Decedent the Meryland 10a Stete r 28a-f show 10h County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 No MD. MONTGOMERY WHEATON 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or death with 11110 DODSON LN. 20902 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: or items Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status the Medical Examiner Pages 1 end 2 should be filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify Aq 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than Elementary/Secondary (0-12) College (1-4or 5+) 2 HOUSEWIFE traumetic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) h and Mental H Be UNKNOWN WICKLOW ANNA PRANZI. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Department of Health a important: If itam 27 is any Injury or other tra-MILLER/HUSBAND SAME AS ITEM #10 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 M Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CHAMBERS CREMATORY 10/28 RIVERDALE, MD. 21. Signature of Funeral Se 22. Name and Address of Facility M00091 W. W. CHAMBERS CO. INC., SILVER SPRING, MD. 20910 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Betwaen Onset end Deeth **Physician** /Medical Immediate Ceuse (Final WEEKS disease or condition resulting in death) Examiner The law requires that the deeth certificete be axecuted pue Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last P.O. Box 68760, Physician/Medical use as SCHEMIC Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 15 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? peed After this cartificate hes 1 ☐ Yes 252 No 1 Yes 2 No Division of Vital or Attending Physician: Be 25. Was cese referred to medical 26. Plece of Death (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 patient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation Natural daath. 1 ☐ Yes 2 ☐ No ours efter death.

leral Director: A
filled in by the fi 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di complataly filled in Medicai 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) BOLEN FERNWOOD RD, 10215 32. Registrar's Signature 31. Date filed (Month, Day, Yaar) State his Davidson OCT 9 1996

Registrar

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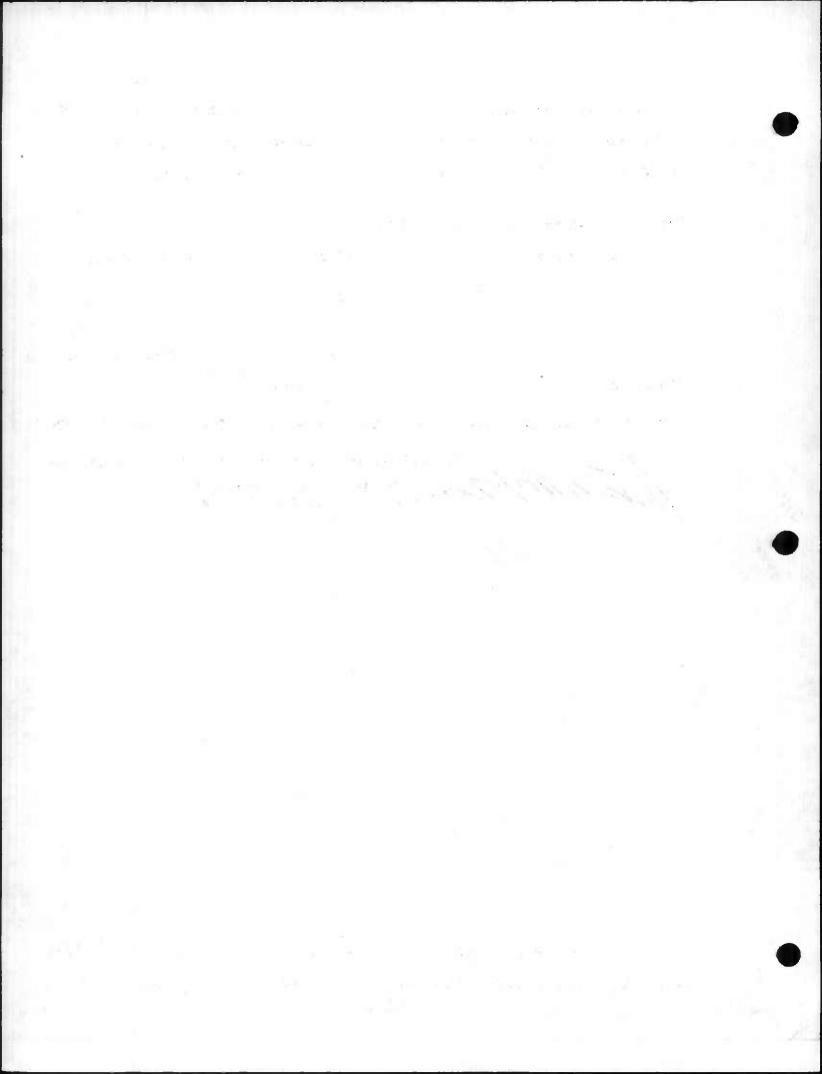
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

34092

							Ce	runcate o	Death		Reg. No.		
	Physic /Medi			s Augu	stus Maso						er 27, 1		3. Time of Deeth 5:30 PM
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ľ	Funeral Director		5. Social Security N	1599	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yrs. 96	lest birthday) Yrs.	Months Dey		Ain. (Month, D	irth ey, Year) .6,1900	9. Birthp Cour Mar	olece (Stete or Foreign http:) yland
	and *		Usuel Residence of 10e. Stete	10b. Count	v	10c Ci	ty, Town or Le	ncation					Od. Inside City Limits
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	Funeral Director		5. Sociel Security Number 6. Sex 1 M	_	e (In yrs. Ii 79	est birthdey) Yrs.	If Under Months	1 Year Deys		8. Dete of Birth (Month, Dey Jan . 22	Year) , 1917	9. Birth Cou New	plece (Stete or Foreign ntry) York
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	th with the Mary 23e or 26a-f sh ust be notified.	Director	10e. Street end Number				10f. Zip			1	0g. Citizen of	What Cou	intry?
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	dear dear	Funeral	11. Meritel Stetus 12.	Wes Decedent Armed Forces?	Ever in U,S	S. 13. \			Hispanic Orlgin? (Sp an, Mexican, Puerto	pecify Yes or No-	14. Re		can Indien,
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-	S S S S S S S S S S S S S S S S S S S		Day Kreuzburg / Son-	in-law					Lane, Sil				
ore	of Tage		20e. Method of Disposition		20b. Pl	ece of Dispo	sition (Nen	ne of ther ple	ice)	Dete	20c. Location	- City or T	own, Stete
Baltimore,	nit. Page artment or ortant: If injury or		1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donetlon 5 ☐ Other (Specify)	vel from Stete						L/1/96 S	ilver S	Sprin	g, Maryland
alt	mit. ponta y inji		21. Signeture of Funerel Service Licensee			22	. Neme en	d Addre	ess of Fecility Hil	nes-Rina	ldi Fur	nera1	Home
	82728		alan 1 T	Sono	200	5	ilve	nev r Sr	v Hampshin oring, Man	re Avenu cyland	e 20904		
~			23a. Pert1. Enter the disease or implication shock, or heart feilure list only one co	ons thet caused	the deeth						est,	1	Approximete Intervel Between
	hysician /Medical				0		_	0	^			+	Onset end Deeth
- 4	/Medical Examiner	Н	Immediete Ceuse (Finel diseese or condition	Acul	4 /	Un	al	+	euli			1	
Н	LABITITIES	_	resulting in deeth) e		Due to (or	es a conseq	uence of):						1-2
	led sit	声	b. —	5-6	12	512	>					1	1
	sate be executed shysician and the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury c.	12	Due to (or	es e conseq	uence of):		C / .	- L ca	4		1-2 weeks
8760	siciar b buri	dical	Cause. Enter Underlying Ceuse (Disease or injury that initiated events	UNN	any	18	act		suje	enu		_ i	
9	certificate Iding physise as the	4	resulting in death) Last	D.Ca.	Due to (or	s e consequ	uenca ot):	ć	,				
Box	andin use	M	d	rocc	-(1	21	4	•			-	
	r requires that the death certific: been signed by the ettending pl should be deteched for use as t	Physician/M	Pert II. Other significant conditions contribu	iting to death bi	ut not resul	Iting in the ur	nderlying ca	ause ai	ven in Pert I.	23b. Dld to	bacco usa co	ontributa 1	to the cause of death?
P.0	that the led by th deteche	Phy	MMarga dic	0 1	11	en c	6	a			es 2 No	3 □ Pro	
	es the	þ	1.07000000000	2	7	-0(0	1 1		•		· · · · · · · · · · · · · · · · · · ·		/ \
Records,	requires ween sign hould be	Completed by	Bradyar	y/h	m	19	à			24e. Wes a		ar	ere autopsy findings veilable prior to
ec	law r	nple	C . A C.	0 0	20-								ompletion of cause death?
E	The The page	S	Colono C	m c						1 □ Y	es 2 No	1	□ Yes 21 No
Vital	ysicien: The law is certificate hes director, page 2	Be	25. Wes case referred to medical examiner?	itali e				0.1	26. Plece of Deel	th (Check only or	10)		
P	Physician: r this certific ral director,	2 L	1 ☐ Yes 2 No Hosp 27. Menger of Deeth 2	1) Inpatie		R/Outpetien		JA		ome 5 Reside			fy)
o	After fune	tion	1 ZNetural 5 ☐ Pending	Se. Dete of Injui (Month, De)	Year)	28b. Time of Injury	M	8c. Inju Wo	rk? Yes 2 □ No	28d. Describe he	ow injury occui	rred	
Division	Attending or deeth.	fica	3 Sulcide 6 Could not be	8e. Piece of Inju	urv - At hor	me, ferm, stre			7103 2 110	28f. Location (Si	treet end Numi	ber or Rur	el Route Number,
Ö	offer offer din b	Certification:	4 Homicide	building, etc	(Specify))	, iou.o.,	, 000		City or Town			
	spita hours neral y fille	alC	29a. Certifier Certifying Physician	n: To the best of	of my know	rledge, deeth	occurred e	et the ti	me, date end plece,	end due to the ca	ause(s) end m	enner es :	steted.
	To the Hospital or Attending Ph within 24 hours elect deeth. To the Funeral Director: Affer thi completely filled in by the funeral	edical	Check only 2 Medical Examiner:	On the basis of and menner sta	examineti	on end/or inv	estigation,	in my o	opinion, deeth occur	red et the time, d	ete end pleca,	end due t	o the cause(s)
	To the Complex of the	M	29b. Signature and title of certifier	100	A	1.	29c	. Licens	se number	, 2	9d. Date signe	ed (Month,	
			Numman	109,	1	TD	I)2	9816	> (Octob	rex,	29, 1996
			30. Neme end eddress of person who comple	eted cause of de	eeth (Item	23a) (Type, I	Print)						1

State Registrar

50 W. Edmonston Drive, #504, Rockville, Maryalnd 20852 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

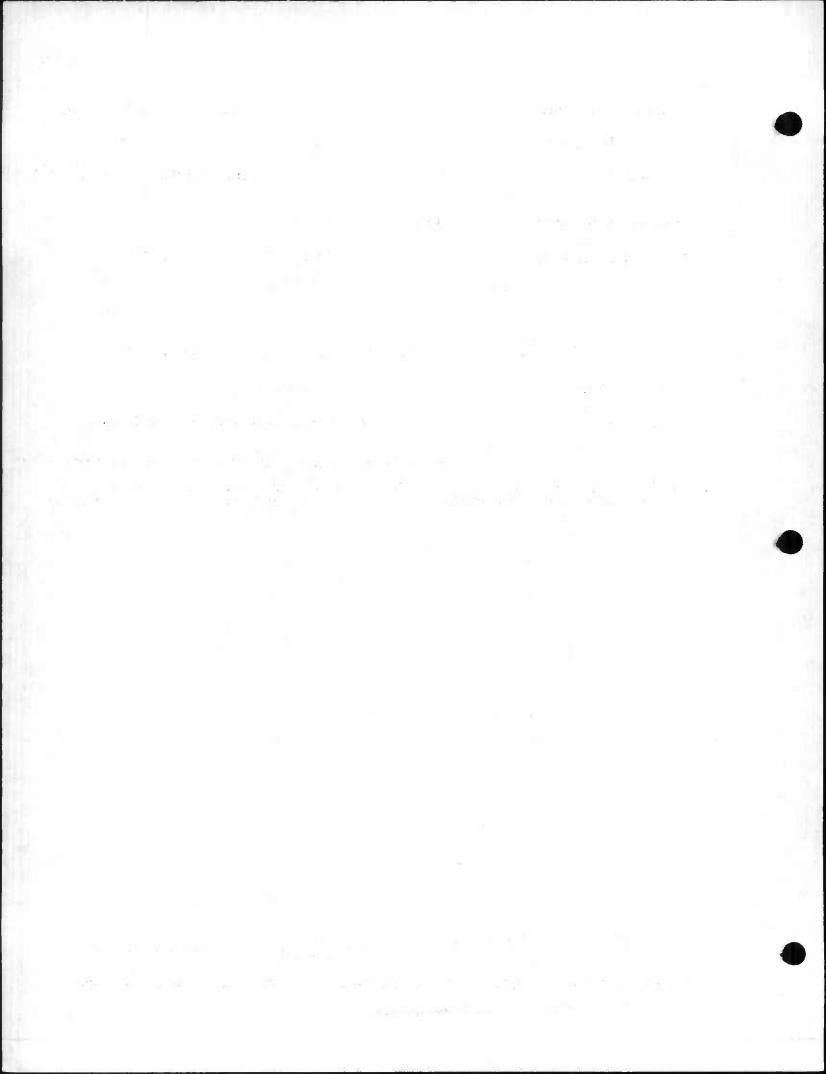
Radhey S. Murarka, M.D.

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 34094

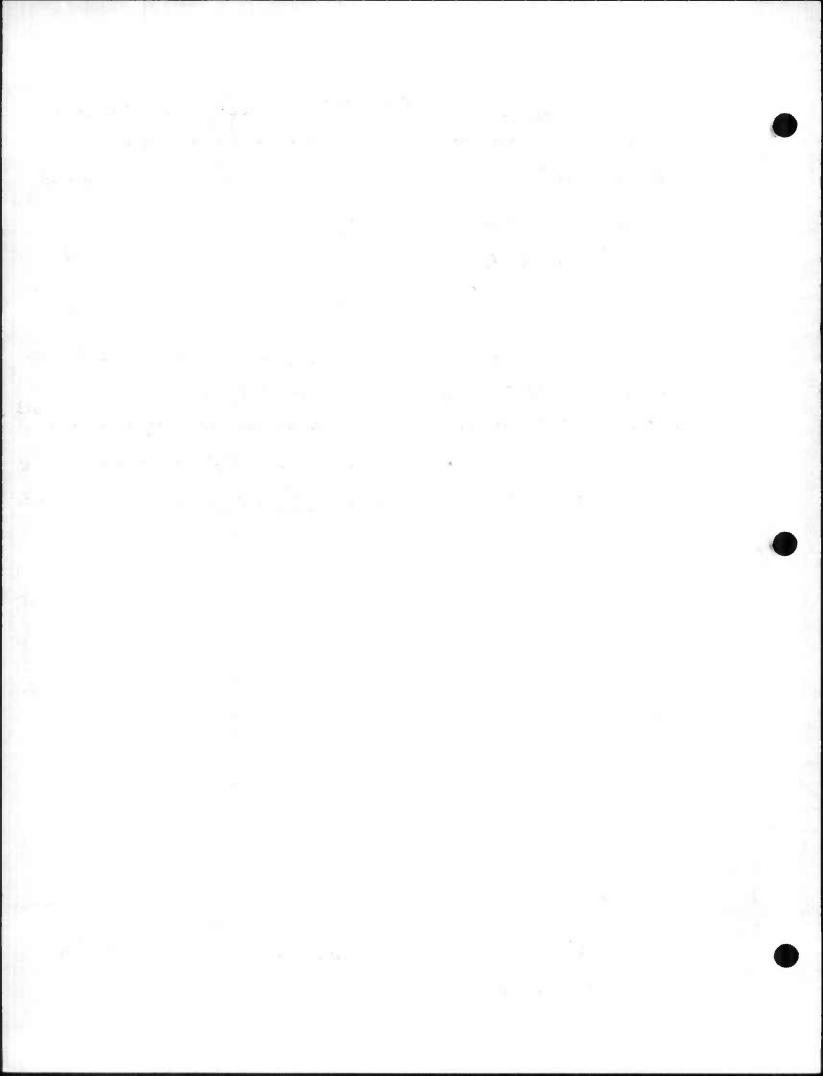
								Certin	ficate of	Death		Reg	. No.	0 0	740	77
Т	Dhyaia	ion	1. Decedent's Name	(First, Middle,	Last)						2. Date of	f Death	Day	Year	3. Time	of Death
	Physic /Medi		Margare	В. Ме	dhurst						Octo		25, 19		7:4	5 PM
	Exami		4a. Facility Nama (If	not institution,	give street and nu	im <i>ber)</i>				4b. City, Town	, or Location of D	eeth	4c. County	of Death		
			12510 Goo		Road					Wheato			Mont	gomer	у	
L	Funeral Director		5. Social Security Nu 304-30-53 Usual Residence of	34	6. Sex 1 □ M 2 対 F	7. Age (In yr. 7			f Under 1 Year Ionths Deys			, Day, Y		Countr	Belf Belf Belanc	fast,
	ye #			10b. County		10c. C	City, Tow	n or Locat	ion					100	d. Inside	City Limits
	Man Fersh	İ	Maryland	Montgo	merv		Whe	aton							1 ☐ Ye	s 2 No
	h the	rec	10e. Street and Num						10f. Zip Code			10g	. Citizen of W	hat Countr	y?	
	th with	aiD	12510 Goo	dhill	Road					20906			U.S.	Α.		
20	filed within 72 hours after deeth with the Marylend Hygiene. ther than "natural", or items 23a or 28a-f show int, the Medical Exercine must be notified at	by Funeral Director	11. Maritai Status 1 ☐ Never Marrie 3 ☒ Widowed 4		Armed Fo	2 ☑ No ve	U,S.		S Decedent of es, specify Cub Yes 2⊠ No		n? (Specify Yes o Puerto Ricen, etc.	r No-		- Americe k, White, et		
21215-0020	hour	8		15. Decedent's	Year or E	Dates:	100	Dogodoni	r's Usual Occu	netice		10		Whit		
15	in 72	Completed	(Specif	y only highest	grade completed)		108.	(Giva kind	d of work done NOT use ratin	during most of	f working	161	b. Kind of Bus	siness/indu	stry	
212	buld be filed withi Mental Hygiene. arked other than atic event, the M	E O	Elementary/Secon	dary (0-12)	College (1-4or 5+)	Of	fice	Manage	er		Sa	afeway	Bake	rv	
p	be filed ital Hygi d other event,	BeC	17. Fether's Name (F	irst, Middle, L	ast)				0	T	Name (First, Mic	-				
Maryland	should be nd Mental marked or imatic eve	To	William	Brad1	ey					Susa	n					
an	S DEE		19a. Informant's Nar	ne/Ralationshi	p (Type, Print)		19b	. Mailing A	Address (Stree	t and Number of	or Rural Route N	ımber, C	City or Town, S	State, Zip C	Code)	
Σ	Health a		Susan L.	Malloy			125	510 G	oodhil	l Road	Wheator	, Ma	aryland	1 20	906	
Baltimore,	permit. Peges 1 and Department of Health Important: if Item 27 any Injury or other to		20a. Mathod of Dispo		Bemoval from		Place of cemeter	Disposition, cremato	on (Name of	ice)	Date	200	c. Location - (City or Tow	m, State	141
Ē	Peg nent ant: fi	-	4 □ Donation			0.0.0	tron	olit	an Cre	natory	10/29/9	6 A	lexand	ria.V	irgi	nia
alt	Departr Departr Importa any inj		21. Signature of Fun	eral Service Li	censae			22. N	ame and Addr	ess of Facility						
m	80 E 6 8		in	this	de Ca	nahi	11				ns Funer				and	20901
			23a. Part1. Enter the	disease, or c	omplications that	ceusad the dea	ath. Dor								Approxima Interval Be	
	Physician		SHOCK, OF HEAR	lanure. List of	nly ona cause on e	each iina.									Interval Be Onset and	atween d Death
2	/Medical		Immediata Cause (F	inal	a Abdor	ninol (arai	inoma	toric					1	mon	+h
	Examiner		resulting in death)		a. Abdol			consequer						1	щоп	CII
٠	D #	Examiner			Meta	static	Cano	er						7	mon	the
	ecute and -trens	cam	Sequentially list con-	litlons,	0.	Dua to	(or as a c	onsequen	ice of):						mon	CIIS
20,	cien c		Sequentially list conditions if any, leading to immoduse. Enter Underlicause (Disease or included)	ying liury	Canc	er of E	31add	ler								
68760,	eeth certificate be executed ettending physicien end for use as the buriel-trensit	Medicai	that initiated events resulting in death) Le		0.			onsequen	ce of):							
×	ding p	Me			d.											
BO	deeth o	ian														
o.	0 0	Physician/	Part II. Other signific	ent condition	s contributing to de	eath but not re	sulting in	tha unda	rlying ceuse gi	ven in Part I.	23b. I	Old toba	cco use con	tribute to t	he cause	of death?
۵.	es that the igned by th be detache				0.00							☐ Yes	2KI No	3 🗌 Proba	bly 4	Unknown
Vital Records,	aw requir	Completed by										Vas an a erformed		com	e autopsy lable prior plation of eeth?	r to
<u> </u>	The ate h page	NO.									1	☐ Yes	2 No	1 🗆 1	Yes 2	□No
<u> </u>	nysician: The nis certificate I director, pag	Be (25. Was cese referre	d to medicel						26. Placa of	Daath (Check or	nly one)				
ot o	E 10 Th	2	1 ☐ Yes 2 ☑ N	0	Hospital:	Inpatient 2	∃ ER/Out	patient :	3□ DOA Ot	her: 4 \(\subseteq \text{Nursion}	ng Home 5₺ F	Residence	e 6 □Othe	(Specify)		
	ng Phy ther this		27. Manner of Death 1 ☑ Natural	5 Pending	28a. Data (Mon	of Injury th, Day Year)	28b. T	ime of	28c. Inju Wo	ry at	28d. Descr	ibe how I	Injury occurre	d		
SIO	Attending or death. ector: After by the fune	cati	2 Accident	Investiga	23.					Yes 2 □ No						
5	· 프 등 드	Certification:	3 ☐ Suicide 4 ☐ HomicIde	6 ☐ Could no detarmin	ed Zee. Place	of Injury - At It ng, etc. (Spec	nome, far	m, straet,	factory, office			n (Stree Town, S	et and Numbe State)	r or Rural F	Poute Nur	m <i>ber</i> ,
	To the Hospital within 24 hours e To the Funeral C	edicai	29a. Certifier 1 (Check only 2 one)	☐ Certifying ☐ Medical Ex	Physician: To that aminer: On the be	asis of axamin	owledga, ation and	daath occ	curred at tha ti	ma, date and popinion, daath o	elace, and due to occurred at tha th	the caus	a(s) and man and place, ar	ner as stat	ed. he cause	(s)
	the the	M e	29b. Signature and til		and man	ner stated.			29c. Licens				Date signed			
	F ≱ F 8			The	i of	dury	2		*	M A	~					
}	8	-	20 Nama and add				- 60 : -		17-1	1368		Oct	cober 2	28, 19	996	
			30. Nama and addres) Danif : #	201 027		Cmarden	M	1 1	
	Sta	te	Stanley A. 31. Date filed (Month,	Day, Year)	32. R	• 210 ggiştrar's Sjgn	L Med	ııcal	rark	urive #	ZUI SIL	er :	spring	, mary	Tand	
	Sla	re-	UC	T 2 9 1	200	whia Main	Jama	20.00	20							



State of Maryland / Department of Health and Mental Hygiene 96

34095

				Certificate o	f Death	R	eg. No.		04030
	Dharata	·	Decedent's Nema (First, Middle, Last)	NT 2 - 1 - 2	_	2. Dete of Deet Month		Year	3. Tima of Deeth
	Physic /Medi		Charles	Nicholson	n	Oct	22	96	8:05P
	Exami		4e. Facility Nama (If not Institution, give street and number)		4b. City, Town, or L	ocation of Death	4c. County		0.001
			The Memorial Hospital		Easton		Tal	lbot	
	Funeral Director		213-60-98644 1MM 20F	s. lest birthday) If Under 1 Yes Months Day		8. Dete of Birth (Month, Day,		9. Birthpl Count	ece (Steta or Foreign try) Ry / a rvd
	and **		Usuei Residence of Decedent 10a. Slete 10b. County 10c. (City, Town or Location				110	Od. Inside City Limits
	the Mary 28a-f sho	Director	Maryland Dorchester	Cambridge 101. Zip Code			Og. Citizen of V		1 XYes 2 No
	eath with		801 Camilia Aven 11. Mentel Stetus 12. Was Decedent Ever in	ue 2	1613			ZC, S	, A.
5-0020	be filed within 72 hours efter death with the Maryland tal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorcad 1 Never Married 2 Married 3 Widowed 4 Divorcad 1 Never Married 2 Married 1 Married Forcas? 1 Yes Care Year or Detes:	o,s. 13. Wes Decadent of if Yes, specify Co	f Hispanic Origin? (Spuban, Mexican, Puarto o Specify:	Rican, atc.)		ck, White, e	
15-0	72 h	Completed	15. Decedent's Education (Specify only highest grade completed)	16a. Decedent's Usuel Occ (Give kind of work don	e during most of work	sing	16b. Kind of Bu	usiness/Ind	ustry
2121	within ene. than	mp	Elementery/Secondery (0-12) College (1-4or 5+)	life. DO NOT use reti			CLa	1 - 0	Care
	Hygie ther mt, II		17. Fether's Neme (First, Middle, Last)	Cou	NSe JOR 18. Mother's Nam	o (First Middle A	SNET	ter	Care
Maryland	2 should be filed end Mental Hygi is marked other numatic event, I	Be	0.1			1		1a)	
Z	should b nd Menta marked	10	Charlie Nicholson		Mab		RSEY	1400011	
Ma	d 2 should th end Men 7 is marke traumatic		19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Address (Stre	A .	Λ.			2,01
-	s 1 and 3 if Health Item 27 other tra		Mable Nicholson 200. Method of Disposition 20b.	Plece of Disposition (Neme of	ia Aveni		DR dge		
jo	200		1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State	cematery, cremetory or other p		lad		1	
altimore			4 Donetion 5 □ Other (Specify)		TEICH	10/26/96	ambr	idge	Maryland
Bal	permit. Depertuimportui		21. Signature of Funerei Servica Licensea	22. Name end Add	uneral +			11	
	₽₽ = 0		Janelle C. Henry	2 SIO Wash	i are total St	Camba:	dee M	arula	and 21613
	Physician		23a. Part , Enter the disease, or complications that caused the de shock or heart tellure. List only one causa on each line.	II. Do not enter the mode of d	ylng, such es cardiac	or raspiratory arre	est)/		Approximete Interval Between Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition	walnutralit	Hu				July 1996
	LXammer	L.	Due to	(or es e consequence of):		4	- 6		
	po #	in e	9 Jusuli d	exceptent die	stell ur	ellitus		G	ye zugris.
90,	ertificate be executed ling physicien and is es the burial-transit	i Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	officellut dis (or es e consequence of): reual direct	dealyjn	deferr	leut		1994
68760,	ohysic the b	Medical	that initiated events resulting in death) Lest Due to	(or as a consequence of):				1	
Box 6	entif	an/Me	de chabelie au	Honomic neuro	pathy			1	
	deati	Physician/	Part II. Other significant conditions contributing to death but not re	esulting in the underlying cause	given in Pert I.	23b. Did to	bacco use cor	ntribute to	the cause of death?
P.0	by th	Å.	Λ ~				98 2□ No		ebly 4 Munknown
	and street	by F	aurino > cuinta C recont acritar	IL.			3		
of Vital Records,	law requires thet the death c es been signed by the ettenc s 2 should be detached for us	Completed	peripheral voicular di	elare.		24a. Wes at perform	n eutopsy ned?	con	re eutopsy findings illable prior to apletion of cause leath?
ď	0 - 0	틵				1 □ Ya	s 2500	1 [Yes 2□ No
ta		Be	25. Was case referred to medical		26. Plece of Deel	h (Check only on		l	
>	5 00	To E	examiner? 1 Yes 2 No Hospitel: 1 Sinpatient 2	□ ER/Outpatient 3□ DOA	Wher:	ome 5 Reside		er (Specify)
0	er th		27. Menner of Deeth 1. Netural 5. Pending (Month, Dey Year)	28b. Tima of 28c. In		28d. Describe ho			
<u>ō</u>	ath. r: Aft	atio	1 Neturel 5 Pending (Month, Dey Year) 2 Accident Investigation		Yes 2 No				
Division	or Attende Directo	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28e. Place of Injury - At building, etc. (Spec	home, ferm, street, fectory, officify)	6	28f. Location (St. City or Town	reet end Numb n, Stete)	er or Rural	Route Number,
_	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical Ce	29e. Cartifier (Check only one) 12 Certifying Physician: To the best of my kr 2 Medical Examiner: On the basis of examinand manner steled.	nowledge, deeth occurred at tha etion end/or investigetion, in my	time, dete end plece, r opinion, deeth occur	end due to the ca red et the time, de	tuse(s) end me ete end pleca, o	enner es ste end due to	eted. the cause(s)
	To the within 2 To the comple	Me	29b. Signetura and title of cartifier	29c. Lice	nse number	25	9d. Deta signe	d (Month, E	Day, Year)
	->-0		> SAR!	D	46020				3/96
			30. Name end address of person who completed cause of deeth (Ite	em 23e) (Type, Print)					
			Syed I. Ali, M.D.	506 Idlewild	Ave., Fas	ton, MD	21601		
	Sta		31. Dete filed (Month, Dey, Year) OCT 2 8 1996 32. Registrer's Sign	neture Ray 1					
	Registr	aı	001 % 8 1990 July 9,80	arth. waster					



State of Maryland / Department of Health and Mental Hygiene 34096 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth October 28, 1996 NUSZ 3:00 pm 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 7900-A Old Receiver Road Frederick Frederick If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. 8. Data of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthpiace (State or Foreign Country) 1MM 2□ F 82 Yrs. May 6, 1914 Mary land 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Frederick 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 7900-A Old Receiver Road 21702 U.S.A. 12. Was Decedent Evar in U,S. Armad Forces? 1절Yes 2□No1943—If Yes, Give 1044. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Ricen, etc.) 14. Race - American indian, Biack, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 🖾 No Specify: Year or Dates: 1944 Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Brick Mason Construction 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Ray NUSZ Clara SMITH May 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zlp Code) 7900-A Old Receiver Road, Frederick, MD 21702 Catherine Nusz/Wife 20b. Plece of Disposition (Nema of cemetery, cremetory or other placa) Data 20c. Location - City or Town, State 1 ☐ Buriai 2 🖾 Cremation 3 ☐ Removal from State Smithsburg Crematory Oct 29,1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Keeney & Basford P.A. Funeral Home ura of Funerai Service Licensae 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. 21701 Approximate Intarval Between Onset and Death Due to (or as a consequence of) Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 □ Unknown 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed?

Physician /Medical Examiner

sicien end buriel-transit

ettending physicien for use es the bune

To the Hospital or Attending Physician: The lew requires that the deeth certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physicien accompletely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

Division of Vital Records, P.O. Box 68760.

Physician

/Medical

Examiner

Director

Funeral

by

Be Completed

2

E

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

pernit. Peges 1 and 2 should be filed within 72 hours after to Depertment of Health and Mental Hygiene. Important: if Item 27 is marked other than "naturel", or Itel may injury or other treumatic event, the Medical Examina page.

Baltimore, Maryland 21215-0020

the Maryland

Wilbur

5. Social Security Number

10a State

Maryland

10e. Street and Number

214-10-1839

Usual Residence of Decedent

9

20a. Method of Disposition

Immediate Cause (Final disease or condition resulting in death)

Physician/Medicai Examiner þ Completed Be Certification: To

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

completion of causa of death?

2 DINO

1 ☐ Yes 2 ☐ No

25. Was case refarred to medical examiner?				26. Place of Dea	th (Check only ona)	
1 Yes 2DNo	Hospital: 1 ☐ Inpatiant 2 ☐	ER/Outpatient	3□ DOA	Other: 4 Nursing H	ome 5 desidance	6 □Other (Specify)
27. Manner of Death 1	28a. Date of Injury (Month, Dey Year)	28b. Time of injury		injury at Work?	28d. Describe how in	

6 Could not be determined 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier ritifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one)

29c. License number 29d. Date signed (Month, Dey, Year) D09689 October 29, 1996

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

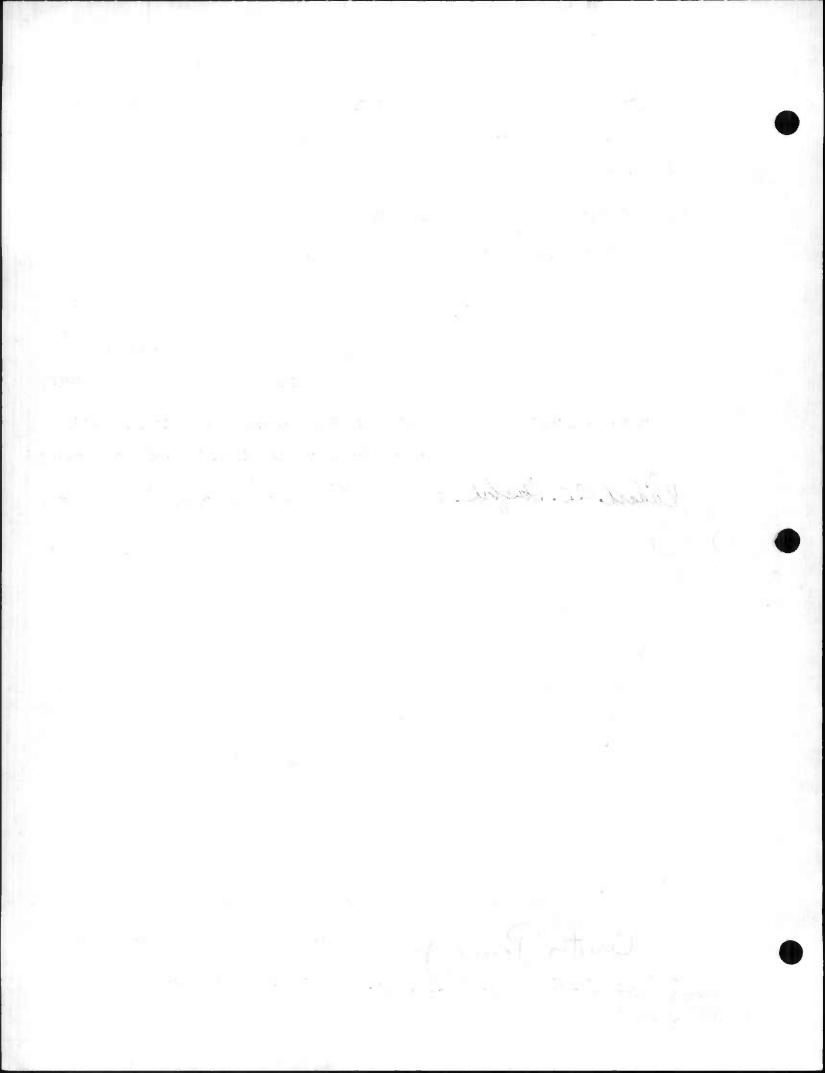
300 West Ninth Street, Frederick, Maryland 21701 A. Austin Pearre, Jr, MD, 31. Date filed (Month, Day, Year)

State Registrar

Medicai

29b. Signature and title of certifier

32. Begistrar's Signature 3 0 1996 OCT



BALLIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should asther with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68173	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFIC.	ATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Le	st)					2. DATE OF D			le cest	3. TIME OF QEATH
Robert Day:	id NAIR					Oct.	2.7 DAY	1996	YEAR	2:00 P
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth	nday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF B		1770	6 BIRTH	IPLACE (State or Foreign
217-28-2478	1 <u>M</u> M 2 □ F			THS DAYS	HOURS MIN.	(Month, Day		931	Countr	yland
9a. FACILITY NAME (If not institution, gi	ve street and number)		9b.	CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	TY OF D	EATH
Garrett County	Memorial Ho	spital		0a	kland			Ga	rret	t
10e. STATE 10b. COU		10-	c. CITY, TO	WN OR LOCA	ATION					10d. INSIDE CITY
MD	Garrett				0akland					LIMITS?
10e, STREET AND NUMBER				1	H. ZIP CODE			tog. CITI	ZEN OF V	YHAT COUNTRY?
319 S. Third St	t., Apt. 2				21550				US	A
11. MARITAL STATUS	12. WAS DECEDENT ET				CENDENT OF HISPAN			or No-	14. RACE	- American Indian, c, White, etc.
1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR				pecify Cuban, Maxica S 2 NO Specif		1, etc.)		Speci	
15. DECEDENT'S E	DUCATION	ton, DECEDE	ENT'S USU	IAL OCCUPAT	ION	16b. KIN	D OF BUS	INESS/IND	USTRY	WILLE
(Specify only highest gi		(Give kir	nd of work VOT use re	done during m	ost of working	1	0. 550			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Lah	orer				onst	ruct	ion	
17, FATHER'S NAME (First, Middle, Last)		Date	,0101		18. MOTHER'S NA				LOII	
Frank Edwar	rd Nair					TWE (FIRST, MICON	e, Maksen ;	,	Have	
19a. INFORMANT'S NAME (Type/Print)	Lu Nail	10000000	Nector - Lo		Lily					Г
1					and Number or Rural					01550
Barbara Thomas		513	Fri	.cks C	rossing F					21550
20a, METHOD OF OISPOSITION 1 A Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from Stata	cemetery, cremator	ry or other					land		wn, Stata Iryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Julian			ND ADDRESS OF FA		- Our	Land	, 110	il) lunu
NMO	Ma. 1			Stew	art Funer	ral Hom	ne			
Dilley 1	South			32 S	. 2nd. St	., Oak	land	, MD	21	550
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	в			e	Int	not	40	_		Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in deeth) LAST	c. DUE TO (OF	AS A CONSEQUEN	ICE OF):							
PART II. Other eignificant condi-	tione contributing to de	ath but not resul	ting in t	he underlyl	ng cause given in	Part I. 24a	. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						10	YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
										1 TES 2 NO
DID TOBACCO USE CON	NTRIBUTE TO CAUS	E OF DEATH	YES	□ NO [UNCERTAIL	N 🖾				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF	DEATH (Check only one)				_	
1 X YES 2 NO	HOSPITAL:	NOutpatient 3 🗆 🗈		THER: Nursing Ho	me 5 🗆 Realdence	6 Other (So	ecifv)			
27. MANNER OF DEATH	28a. DATE OF INJ	URY 28	b. TIME OI	28c. IN	JURY AT	28d. DESCRI		JURY OCC	URED	
t X Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	rear)	INJURY		YES 2 NO					
3 Suicide 8 Could not 4 Homicide determined	building, etc.	IJURY — At home, ((Specify)	ferm, stree	t, tactory, off	ca	261. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural I	Route Number,
	IYSICIAN: To the best of my									a) and manner as stated,
29b. SIGNATUB TITLE OF CERTIFICATION OF PERSON 30. NAME AND ADDRESS OF PERSON	Lain	Que	00	28	29c. LICENSE NU	MBER 154		29d. DATI	SIGNED /2-8	(Mogrin, Day, Year)
Dr. P. Daniel					hway, Oal	/ kland.	MD	2155	0	
3t. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		8	,, ,	,				
NOV 0 8	Jacks all	STATE OF STATE	A. 1.							Diller to W

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

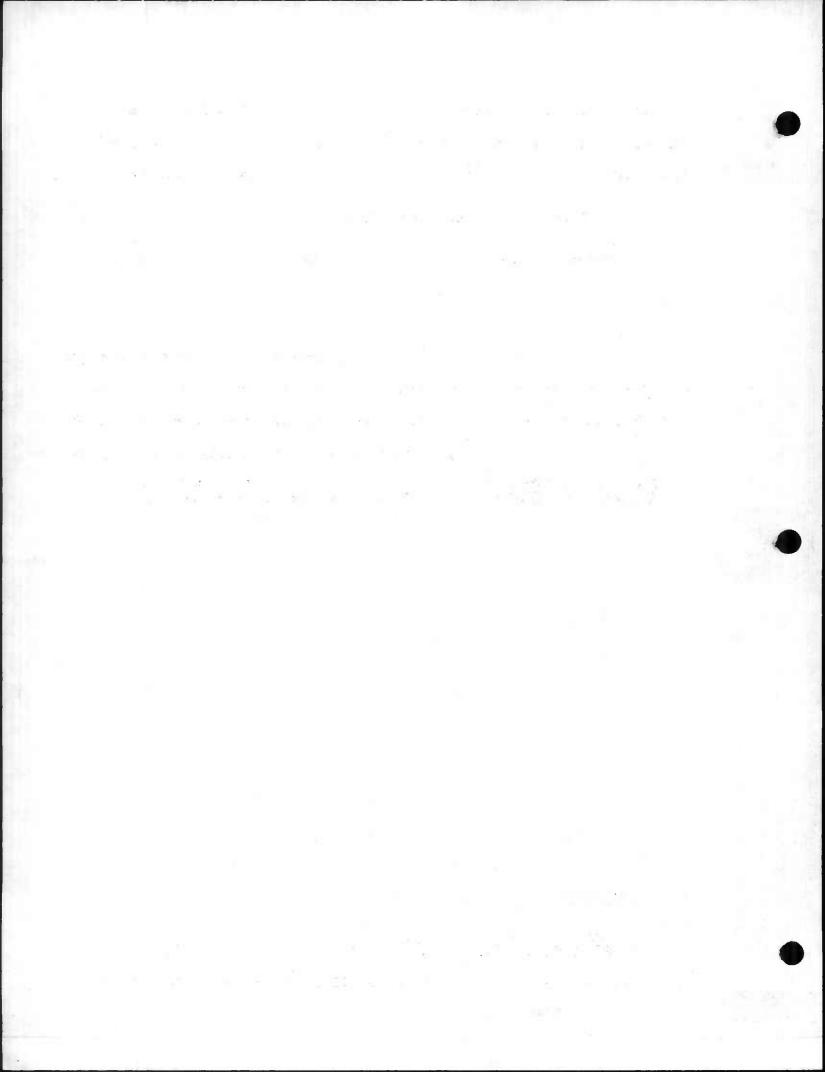
DIVISION OF VITAL RECORDS, P.O. BOX 68

DHMH-16 Rev t/89

State of Maryland / Department of Health and Mental Hygiene 96

34098

							Ce	rtificat	e of	Death		F	Reg. No.		070.	
ď			1. Decedent's Name (F	irst, Middle, La	ist)							2. Dete of Dee	ith		3. Time of De	eeth .
ŀ	Physic		Alta	Nadar	a NI	ELSON						Month Novembe	Dey	Yeer	130	5
V	/Medi Exami		4e. Fecility Neme (If not							4b. City, To	own, or Lo	ocation of Deeth			1,70,	
4	LAGIIII	IICI					1 1									
Н			Garrett Co 5. Sociel Security Numb		Memoria]	L Hosp 7. Age (In yrs.		If Under	1 Year	Oakla r If Under		9 Date of Bid		rrett		
	Funeral	г			1□ M 2∏ F	55	Yrs.	Months	Deys		Min.	8. Dete of Birtl (Month, De)	Year)	9. Birthp	lece (Stete or F try)	oreign
	Director		218-38-0637 Usuel Residence of Dec									Nov.27	,1940	Deer	Park, M	D
	and *=			b. County		10c. Cit	y, Town or Lo	cation						1	0d. Inside City I	l imite
	Aleny a sh	5	MD	Garr	ott	Mt.	Lake	Par	-1-					·	1 N Yes 2	
	28a-	Director	10e. Street end Number			110.	Dake									
	n 72 hours efter death with the Meryland "natural", or frems 23a or 28a-f show edical Exactiner must be notified at	ä	TOB. Street end Number					10f. Zip	Code				10g. Citizen of	Whet Coun	itry?	
	ath 123	Funeral		kland	Ave.					1550				S.A.		
	er de	I P	11. Marital Status		12. Was Deced		S. 13.	Wes Deced If Yes, spec	dent of cify Cut	Hispenic Or ban, Mexica	lgin? (Sp n, Puerto	ecify Yes or No- Rican, etc.)	14. Rad Ble	ck. White.		
20	or i		1 Never Married		1 ☐ Yes :	2 (XNo		1 ☐ Yes						v: Whi		
00	ours Fall	d by	3 XWidowed 4 □	Divorced	Year or De				21.				Оросп	y. WII.	LLE	
,	72 h	ete		Decedent's E	ducation ade com <i>pleted)</i>		16e. Deced	dent's Usua	al Occu	petion during mos	t of work	ina	16b. Kind of B	usiness/Ind	dustry	
21215-0020	1 within 72 ho liene. r than "natur	Completed	Elementery/Secondar		College (1-	4or 5+)	life.	DO NOT us	se retire	during mos ed)						
7	e filed within al Hygiene. I other than '	ပ္ပ			2+		Lens		In	spect	ion		Lens M	anufa	cture	
Maryland	a i ii	Be	17. Fether's Name (First	t, Middle, Last,)					18. Moth	er's Name	e (First, Middle,	Maiden Sumer	ne)		
/la	Vent Vent rked rked	ြို	Robert				Dixon			Ne11	ie -		Н	ineba	ugh	
an	am s		19a. Informent's Name/	Relationship (Type, Print)		19b. Mailir	ng Address	(Stree	t end Numb	er or Run	al Route Numbe	r, City or Town	Stete, Zip	Code)	
	alth alth		John E. N	Nelson ,	, Son		103	Sher	and	loah .	Ave.	Loch 1	Lynn,	MD 2	1550	
e,	f He tem		20a. Method of Dispositi	ion		20b. P	lace of Dispo	sition (Nen	ne of		T	Date	20c. Location	- City or To	wn, State	
Baltimore,	permit. Pages 1 and 2 should be filed Depertment of Health and Mental Hyg Important: if Item 27 Is marked other any Injury or other traumatic event, ance.		1 ☑ Burial 2 ☐ Cr 4 ☐ Donetion 5 ☐			1919 _	em <i>etery, cr</i> er er Pa	rk (11/7/96	Deer	Park	, MD	
莹	it. P		21. Signature of Funera			0				ess of Fecili			DOCE	2 0 2 10	, 110	
Ba	Deperment of the population of		ZII. Signature of Turiera	VI VI	M.	1	24	. Ivame an	o Addr	ess of Fecili	St	ewart Fu	uneral	Home		
_			13160	Vay 12	roulle	X	32	S. S	Seco	nd St	. 0a	kland, N	MD 2155	0		
			23e. Part1. Enter the di shock, or heart feil	seese, or com	plications that ca	used the deetl	n. Do not ent	er the mod	e of dy	ing, such es	cardiac	or respiretory err	rest,		Approximete Intervel Between	en
8	Physician													1	Onset and Dee	
2	/Medical		Immediete Ceuse (Fine diseese or condition	E.	51	0676									1200	7.4.
	Examiner		resulting in death)		0. 51	Due to (o	r es e consec	mence of):							300 /3.	Mili
_	n #	je			On	Om on	1111	6	. //	tor	0					
	outec	Examiner	Sequentially list condition	one C	b	Due to (o	es e consen	uence of):	14	nere	~					
ć	exection of the control of the contr	Ě	Sequentially list condition if eny, leeding to immed cause. Enter Underlying	liete	0 1	2.0		01,00		4	11					
92	sicia e bu	ca	Ceuse (Diseese or Injury thet initiated events	y 【	c	IV my	es e consed	2 am	CL	ul.		7				
68760,	eeth certificate be executed ettending physician end I for use as the bunel-transit	edical	resulting in deeth) Lest			Due to (or	es e conset	uence or):						1		
×	certi ding	₹			d									1		
B	etter for (ciai														
P.O.	es thet the deeth c gned by the etten be detached for us	Physician	Pert II. Other significant	conditions o	ontributing to dea	th but not resu	Ilting In the u	nderlying c	ause gi	iven in Pert i		23b. Did to	obacco use co	ntribute to	the cause of c	leeth?
	het ti d by detac	윤	Cerel	hval	1100		ar	Or.	()	don	+	1□ Y	08 28 No	3 ☐ Prot	ably 4 □ Un	known
Ś	signe d be	þ			000	CVC.		000	-, -		1			T		
Records,	The law requires thet the deeth ste hes been signed by the etter page 2 should be detached for a	Completed										24e. Wes e perfor	n eutopsy med?	8V6	ere eutopsy find elleble prior to	-
Ő	hes be	ple												of o	npletion of caus deeth?	30
	The his yage	, Lo										1 🗆 Y	es 20 No	1 1	Yes 2□ No)
Division of Vital	uclan: The certificete rector, pag	Be C	25. Wes case referred to	medical						26 Place	of Death	h (Check only or				
>	Attending Physician: or death. sector: After this certific by the funeral director,	To B	exeminer?		Hospitel: 1 Hospitel	patient 2	ER/Outpetien	1 3 D DO	Ot	hor		me 5 Reside		or Consider	4)	
5	Phys r this eral di		27. Menner of Deeth		28a. Dete of	Injury	28b. Time of		-			28d. Describe h			7	
o o	ding in. After funer	ţ	1 Neturel 5 [2 Accident	☐ Pending investigetion		Dey Year)	Injury	м	8c. Inju Wo	ork?]Yes 2∐						
S	death ctor: A y the f	Certification:		☐ Could not be		f Injury - At ho	me form etr					28f. Location (S	treet and Numb	or or Pura	Pouto Number	
2	or after Olre	it.	4 Homicide	determined	building	, etc. (Specify)	oot, lectory	, Unice			City or Town	n, Stete)	or or rigra	riodie ridiliper	
	pital prai illed		200 Continu	0 444 84					200							
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	Orieun orny #2	Cerutying Ph Medical Exam	ysician: To the b niner: On the bas	is of examinet	viedge, deeth ion end/or Inv	occurred e estigation,	in my	me, dete en opinion, dee	d pleca, o	end due to the co	ause(s) end me ate end plece.	enner es st	eted. the cause(s)	
	the the uple	Med	uney .		end manne	r stated.										
	N T S		29b. Signeture end title of	of cartifier	B	-0	9	29c	. Licen	se number		2	9d. Dete signe	d (Month, L	Dey, Year)	
			1 (faced	Du	in ()	ulla	to)	H26	154			11/	519	6	
		_	30. Neme end eddress o	f person who	completed cause	of deeth (Item	23e) (Type,	Print)								
		5	2008 Maryl						215	50 I	Or. I	P. Danie	1 Mill	er. D	0	
	Sta	te	31. Dete filed (Month, De			gistrer's Signal		- and						_, _		
	Registr		NO	V 08 %	296	A Character	ortical									
	NAME OF THE OWNER, WHEN				9			4								

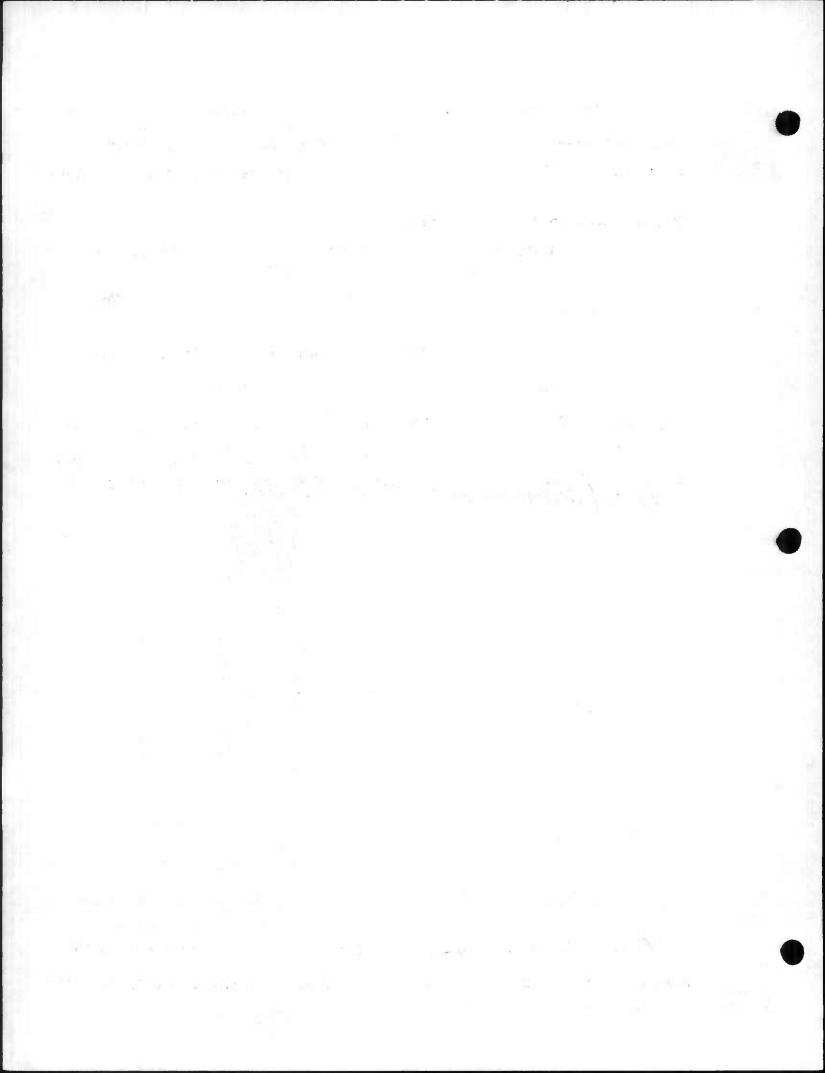


State of Maryland / Department of Health and Mental Hygiene

34099

						Ce	rtificat	e of	Death			Reg. No.			
	SI LL		1. Decedent's Name (First, Middle, Lo	est)							2. Deta of Da	ath		3. Tlm	e of Death
	Physic		Thomas	Joseph N	i 11ec						Month	29, 199	Yeer	10.	15 AM
	/Medi Exami		4a. Fecility Name (If not institution, git						4b. City, To	wn, or Lo	cation of Daat			110.	15 AM
П	LAGIIII	IICI	6419 79th Stree		•										
Н	Francisco I	_			Ana (In vrs	lest birthday)	If Under	1 Yaa	Cabin		8 Date of Bir	th	gomer		ato os Forsion
	Funeral Director			1\XM 2□ F	45	Yrs.	Months	Days		Min.	(Month, De	sy, Year)	Cou		ate or Foreign
	_		Usuel Residence of Decedent		7.7						Uctober	28, 1951		1	owa
	land		10a. State 10b. County		10c. Cit	y, Town or Lo	ocation						1	10d. Insid	le City Limits
	Mary	0	Maryland Montgo	mo * 11		Cohin	Tohn								Yes 2XXVo
	288	Director	10e. Street end Number	пету		Cabin .	10f. Zip	Code			1	10a Chinan of	Man on Consu		
	filed within 72 hours after death with the Maryland Hygiene, "natural", or items 23s or 28s-f show but, tre Medical Examinat Intest be notified at	ā		9 79th St	reat			081	0			10g. Citizen of		-	
	ath reath	ra											ed St		
	ar de	Funeral	11. Marital Status	12. Was Deceder Armed Forces	s?	S. 13.	Wes Deced	lent of cify Cul	Hispenic Ori ban, Mexicar	igin? (Spa n, Puerto	ecify Yes or No Rican, atc.)	- 14. Ra	ce - Amario ck, White,		n,
20	o aft		1 Never Married 2 Married	1 Tes 20			1 □ Yas	2 🔯 No	Specify:			Specia		hite	
8	our Jrail	d by	3 Widowed 4 Divorced	Yaar or Detes	S:			11				Open). WI	TILE	
Ŋ	72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ede completed)		16e. Dece	dent's Usua kind of wor	l Occu	petion during mos	t of work	ina	16b. Kind of B	lusiness/in	dustry	
7	within iene. than	ig.	Elementery/Secondery (0-12)	College (1-4o	r 5+)	life.	DO NOT us	e retir	ed)						
N	filed w Hygier other th	Ö		5+		Dire	ctor	of '	Traini	.ng		PSI Inc	lustr	ies	
Maryland 21215-0020	a a H	Be	17. Father's Neme (First, Middle, Lest)					18. Mothe	er's Name	a (First, Middle	, Maiden Sumer	me)		
/a	uld by Went	To	Richard E. Nil:	Les					Ev	elvn	M. He	lbing			
an	nd 2 should be fill and Mental H 27 Is marked off r traumatic ever		19e. Informent's Name/Relationship	Type, Print)		19b. Meilie	ng Address	(Stree		-		er, City or Town	, Stete, Zip	Code)	
	1 end 2 Haalth a		Joyce M. Smith/S	Sister		420	10th /	Ave	nue. S	F	Dveres	ville,	[Ott 2	520/	40
ē,	F Har		20e. Method of Disposition		20b. P	lece of Dispo emetery, crea	sition (Nen	ne of	nac, b	,	Dete	20c. Location			
20	Pagas nent of H int: If ite		1 ☐ Buriel 2 【A Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		e Mor	emetery, crei ntgome	matory or of	tner pi	ece)Oct.	31,	1996	Dathas	1- 1/	1	
altimore,	permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show important: if item 27 is marked other than "natural", or itema 23a or 28a-f show important in the interest of the profiled at an other traumatic event, the Marked Evantine interest or notified at ance.		21: Signature of Fuperal Service Lice		HOI							Bethese		-	
Ba	permit. F Departme Importan any injur		1/1/2	X /		Rố	bert A	Pi	imphrey"	Fune:	ral Home	/Bethesda	-Chevy	Chas	e, Inc.
			Wich 12.	Megers	M008	346 Be	thesd	la.	onsin Marvl	Aven and	ue 20814 -	-3501			
			23a. Part 1 Enter the disease, or com shoot, or heart failure. List only	plications that caus	ed the deeth	n. Do not ant	ter the mode	e of dy	ing, such es	cardiac o	or raspiratory a	rrest,		Approxi	mata Between
	Physician													Onset e	nd Death
7	/Medical		Immediete Ceuse (Finel disease or condition	Pulmon	aru E	doma							l I m	Mon	+ h
	Examiner		resulting In death)	e. Pullion		r es e consec	ulanca of):						1-1	Mon	CII
_		ē		Kaposi			querice ory.						12	1/2	Years
	ertificate be axecuted ding physician and sa as tha buriel-trensit	Examiner	Seementially the seements of	b Kaposi			····						4	1/2	rears
<u>,</u>	axec n an iel-tr	EXa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		D09 (0 (0)	ras e consec	(uence or);								
68/60,	sicia bur	edicai	Ceuse (Diseese or injury thet initiated events	c. Acquir	ed Im	mune D	efici	enc	y Sync	drome	9		1	0 Ye	ars
g	phy s the	豆	resulting in deeth) Last		Due to (or	as a conseq	uence of):								
×	ding	₹	_=	d							_				
ရှိ	death certificate be axecuted a ettanding physician and ad for usa as the buriel-trensit	Physician													
j.	as that tha dai igned by tha e be dateched f	ysic	Pert II. Other afgnificant conditions of	ontributing to death	but not resu	Iting In the u	nderlying ca	ause g	iven in Pert I.		23b. Dfd	tobacco uee co	entribute to	o the cau	se of death?
7.	d by latec	P.									10	Yes ZXNo	3 Pro	bably 4	I ☐ Unknowr
Ś	as the	þ													
Hecords,	w requires that been signed b should be date	8										en eutopsy emed?		ere eutop	sy findings for to
ပ္သ		Die									perio		co	mpletion deeth?	
	8 - 6	Completed									10	Yes 210 No		□Yes 2	วได้ไละ
VIII	ician: Th cartificata rector, pag		25. Wes case referred to medical									1000 1000	11	_ Yes 2	MO LOS
		o Be	exeminer?	Hospitel:				Ot	hor.		(Check only o				
5	Phys this rai dii	►	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	1 ☐ Inpat		ER/Outpetien		A	4 LI Nu			dence 6 Oth		y)	
	D 4 5	Certification:	1 X Naturel 5 ☐ Pending	(Month, D	ey Year)	28b. Time of Injury		Bc. Inju			280. Describe	now injury occur	rea		
S	Attending ir death. ector: Aftai by the funs	cat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not b				М	1	Yes 2 l	No					
DIVISION	F # 5 C	T	4 Homicide determined	28e. Pleca of II	njury - At ho etc. <i>(Specify</i>	me, ferm, str	eet, factory,	, offica		1	28f. Location (3 City or Tox	Street and Numl vn, Stete)	ber or Rune	il Route N	lumber,
2	ital o														
	Hospital or 24 hours afta Funerel Dir iately filled in	edicai	29a. Certifier 1∑ Certifying Ph	ysician: To the best niner: On the basis	t of my know	viedge, deeth	occurred e	t the ti	ime, date end	d plece, e	end due to the	ceuse(s) end m	enner es si	teted.	-(-)
	the Final		one)	end manner s	steted.	011 0110201 1111	restigetion,	iii iiiy	opinion, deed	iii oocuiii	od et the time,	deta end piaca,	ena aue to) trie ceus	10(3)
	To the Hospital of within 24 hours at To the Funeral D complately filled in	≥	29b. Signeture and titla of certifiar				29c.	Licen	se number			29d. Data signe	d (Month,	Day, Yea	r)
			I famely yo	1fain	2		10	742				October	30.	1996	
,			30. Name end eddress of person who		death (Itam	23a) /Tune		142		_		000001	50,	2770	
	12							+	NT TT	# = -	Josh &	A	0 00	2000	1040
	Cha	10	Pamela Jo Harris, 31. Dete filed (Month, Dey, Year)	32 Practe	trarin Sienet	TAGLE	oriee	ر با:	IN . W	Ir D ,	wasning	con, D.	C. 20	1009-	1968
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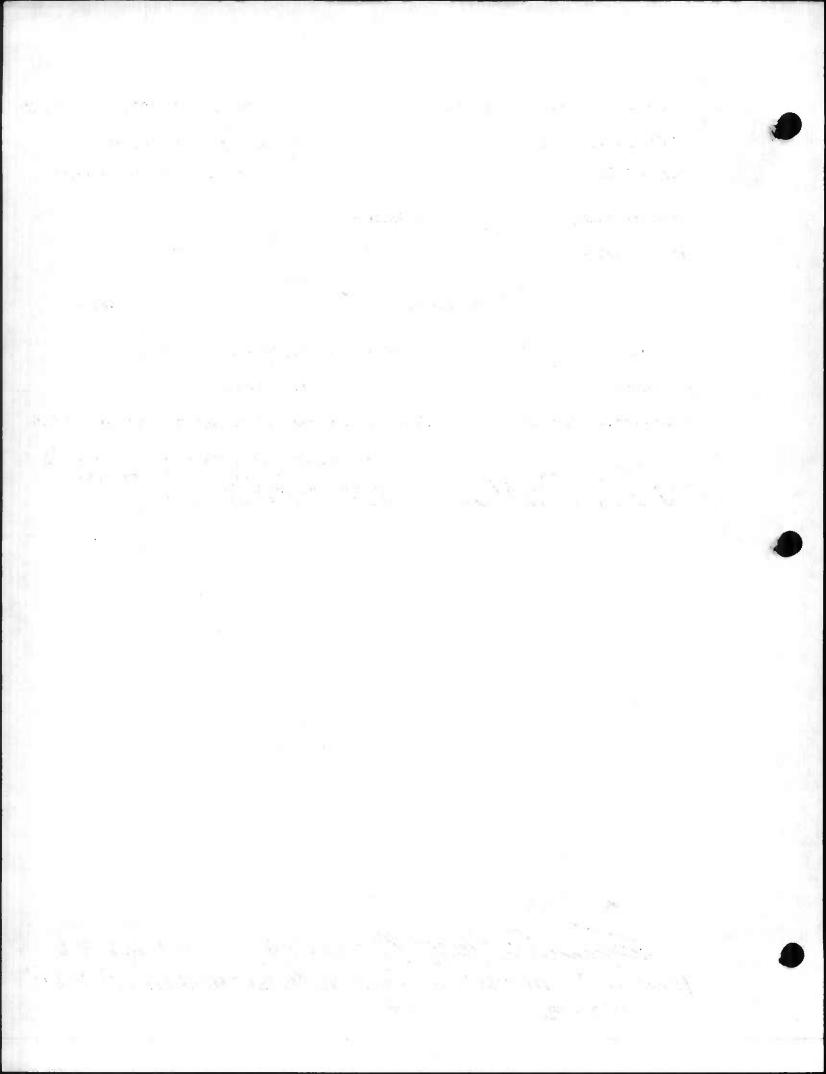
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

96 34100

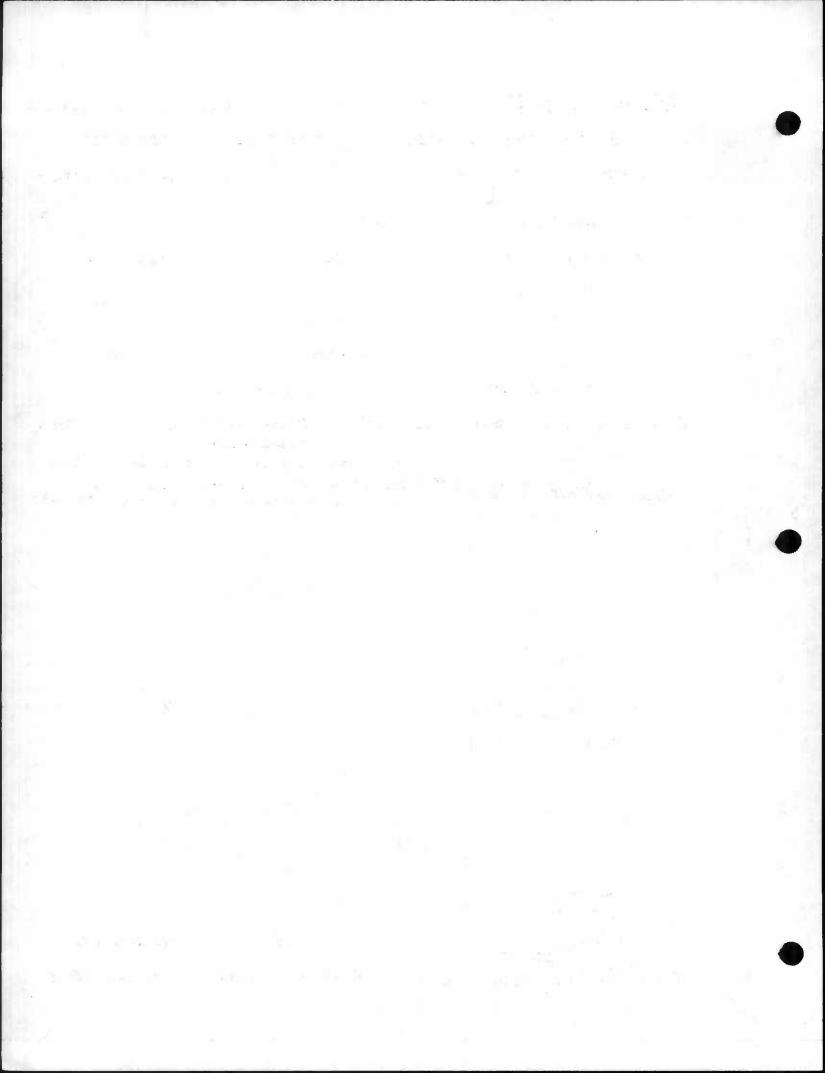
						Ce	ertificate	of L	Death		Re	eg. No.		07100
	ri ye in		Decedent's Neme (First, Middle	Last)							2. Date of Deet	h		3. Time of Deeth
Į.	Physic		James Ron	ald	Northa	am					October	25, 19	Yaer 996	11:09 A
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	_		Usuel Residence of Decedent		-	,,,					Dec. 27	, 1940	remis	ylvania
	dand	1	10e. Stete 10b. County		10c. C	City, Town or L	ocation						100	d. Inside City Limits
	Many Sh	Ď	Maryland Montgo	merv	Si	ilver S	bring							1 ☐ Yes 2 ☑ No
	the rout	Director	10e. Street and Number				10f. Zip C	ode			11	0g. Citizen of	What Countr	v2
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2	d 2 should b th end Ments 7 is marked traumatic e	1	19e. Informent's Name/Relationsh	n (Type Print)		19h Maii	ling Address /	Street e			l Route Number,	City of Tourn	State Zin C	anda)
Maryland	d T		Bebe Martin / M								lver Spr			
ē,			20a. Method of Disposition		20b.		osition (Neme					20c. Location		
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₫	permit. Pa Departmen Important: any injury once.		4 Donation 5 General Service 4				coln C				/29/96			
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н			Part1. Enter the disease, or a shock, or heart failure. Listo	ations thet	causad the dea	ath. Do not er	nter the mode of	of dying	, such es	cardiac o	r respiratory erre	est,	A	Approximete Intervel Betwaan
	Physician												C	Onset and Deeth
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п			resolung in death)	8.21	Due to	(or es e conse	quenca of):							
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	and the same	/We												
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0	es that the death igned by the atte be detached for	Physiciar	Part II. Other eignificent condition	s contributing to	death but not re	sulting in tha	underlying cau	se give	n in Part I.		23b. Dld to	bacco usa co	ntribute to ti	he cause of death?
Α.	that the	Ph)									1 🗆 Ye	s 2 No	3 Proba	bly 💋 Unknown
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Vital Records,	law requires es been sign 2 should be	Completed									24a. Wes er perform		24b. Were	e eutopsy findings ebla prior to
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0	oding ith.	atio	1 Naturel 5 ☐ Pending 2 ☐ Accident investige		nth, Dey Year)	Injury	М		? 'es 2 □ N	No				
Division of	or Attending effer death. Director: After	HC	3 ☐ Sulcide 6 ☐ Could no	ed Zoa. Plac	a of Injury - At I	nome, farm, st	reet, factory, o	ffice		2	8f. Location (Str	eet and Numb	er or Rurel F	Route Number,
ă	or A effer Direct d in b	Certification:	4 ☐ Homicide	build	ling, etc. (Spec	ify)					City or Town	, Stete)		
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: Atter thi completely filled in by the funeral		29e. Cartifier 1☐ Certifying	Phyelclen: To the	e best of my kn	owledge, deet	h occurred et t	he time	e. dete end	placa, e	nd due to the ca	use(s) end me	enner es stetu	ed
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)		60	M1 A	11,00	1.7.8 F	204/11	003	R	D	77/1	Cha	1117	20817
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State of Maryland / Department of Health and Mental Hygiene 95

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						Ce	rtificate	e of	Death)		Reg. No.		04101
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	/Medi Exami		4e. Fecility Name (If not institution	on, give street end n						own, or L	ocation of Deatl		County of Deeth	OOUSA
			SHADY GROVE	ADVENTI:	ST HOSI	PITAL			ROCE	KVIL	LE		MONTGO	MERY
	Funeral Director		5. Sociel Security Number 578-26-5387	6. Sex 1 ☐ M 2 💢 F	7. Age (In yrs. 70	lest birthday, Yrs.	if Under Months	1 Yeer Deys	r If Under		8. Dete of Bir (Month, De Dec. 2	th by, Year)	9. Birth	place (State or Foreign ntry) ington, DC
	D.		Usuai Residence of Decedent								Dec. 2	3 174	2) Wasii	ingcon, be
	show	Ļ	10a. Stete 10b. Count	У	10c. Ci	ty, Town or L	ocation							10d. Inside City Limits
	8a-4	Sch		tgomery		Rocl	kville	!						1 ☐ Yes 2 🛣 No
	or 2	Director	10e. Street end Number				10f. Zip	Code				10g. Citiz	en of Whet Cou	ntry?
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	er de itam ner n	Funerai	11. Maritel Status	Armed F		,S. 13.	Wes Deced	ent of lify Cub	Hispanic Or oen, Mexical	lgin? (Sp n, Puerto	ecify Yes or No Ricen, etc.)	- 1	 Race - Americ Bleck, White, 	
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21215-0020	72 hours efter death with the Maryland "natural", or itams 23a or 28a-f show ed call Examiner must be notified at			nt's Education	Dates.	16e. Dece	dent's Usue	I Occu	netion			16h Kin	Wh d of Business/In	ite
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pu	0 0 >	Be	17. Fether's Name (First, Middle	, Last)					18. Moth	er's N <i>e</i> m	e (First, Middle,	Malden S	Sumame)	
Maryland		To	Reginald Ce	cil Allnu	tt				Ed	lna W	arfel			
lan	end s m	ľ	19a. Informent's Neme/Reletion	ship (Type, Print)		19b. Maili	ng Address	(Stree	t end Numb	er or Run	al Route Numb	er, City or	Town, Stete, Zip	Code)
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ore	T D D		20e. Method of Disposition 1 ☐ Burial 2 🗓 Cremetion	2 Domewal from	20b. F	Plece of Disponentery, cre	osition (Nem	e of her ple	ece,Octo	ber 3	0,1996	20c. Loc	eation - City or To	own, Stete
iii	permit. Pages Department of I Important: If its any Injury or o		4 Donetion 5 Other (S		· Glaio	ntgome						Beth	esda, M	arvland
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)	20229		Berbara Jom	k Mulleno	auren	00							Maryland	
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	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting in death)	e. (onge	stine	Hea	est	ta	ilu	re			3 Months
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Division of Vital Records,	leath. lor: A the fu	cati	2 Accident Investi	igation		NA	М	1 🗆	Yes 2	No				
\geq	or Attandente effer deat Director:	Certification:	4 Homicide determ	nined 288. Pleci	e of injury - At ho ing, etc. (Specif)	ome, farm, str V)	eet, fectory,	office			28f. Location (5 City or Tox	Street end vn. Stete)	Number or Rura	al Route Number,
	To the Hospital or Attanding Physician: To the Funeral Director: After this certific completely filled in by the funeral director,		00 0 1111	-5		Dawney III.								
	To the Hospital within 24 hours on the Funeral I completely filled	edical	29a. Certifier 19 Certifyin (Check only 2 Medical	Physicien: To the	asis of exeminat	wledge, death tion end/or in	n occurred el vestigetion, i	t the ti	me, dete en opinion, dee	d piece, o	end due to the o	ceuse(s) e dete end p	end menner es si plece, and due to	teted. the ceuse(s)
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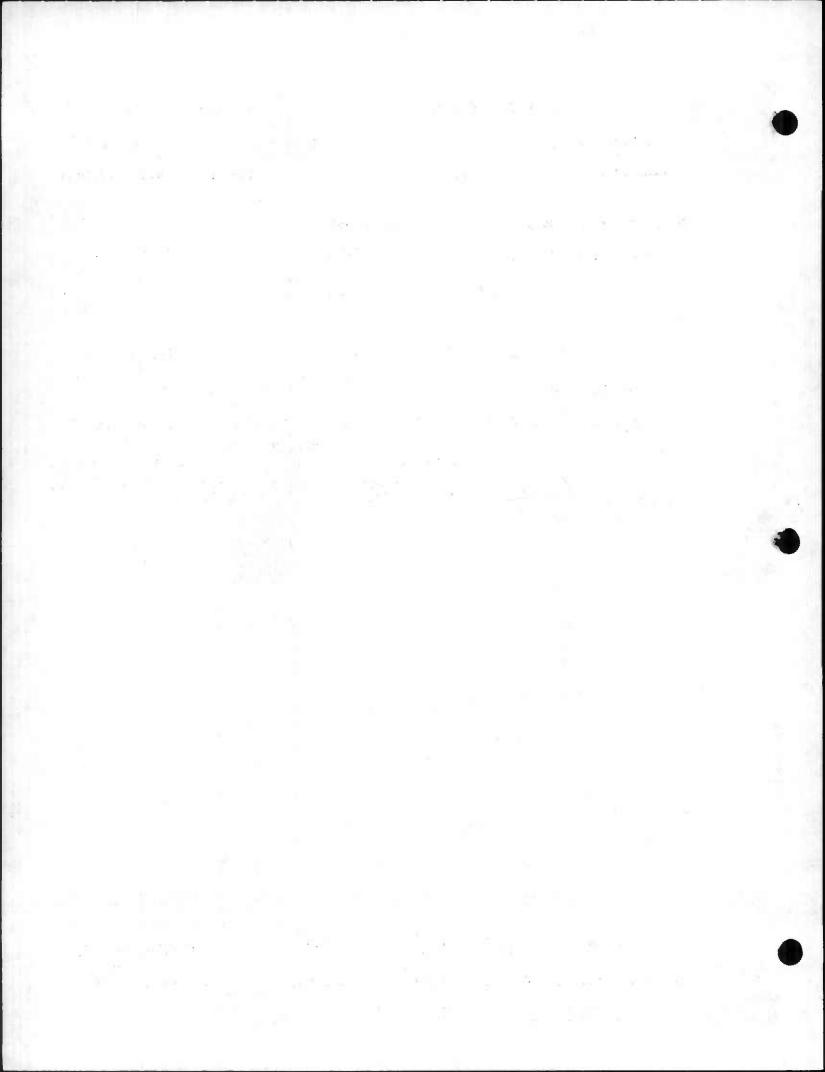


State of Maryland / Department of Health and Mental Hygiene 34102 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** Cherry Orme Olcott October 26, 1996 1:45 P.M. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3615 Underwood Street Montgomery 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) 1 ☐ M 2 🗓 F Months Yrs. Director 213-40-9724 55 March 12, 1941 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 X Yes 2 □ No Director Maryland Montgomery Chevy Chase 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20815 United States 3615 Underwood Street permit. Pages 1 end 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a any injury or other traumatic event, the Medical Examiner must once. Funera 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ₩ Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Realtor Real Estate 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be 2 Charles T. Orme Virginia Rose Waddell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) John Hedrick Olcott, III/Son 9606 Dewmar Lane, Kensington, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other pleceoct. 30, 1996 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parklawn Memorial Park Rockville, Maryland Robert A. Pumphrey Funeral Home/ 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 21. Signature of Funeral Service Licenses Bethesda-Chevy Chase, Inc. M00198 de 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Cardiac Arrest Examiner Due to (or as a consequence of): Physician/Medical Examiner Coronary Artery Disease 13 years the deeth certificate be executed physiclen and the burial-trensit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or as e consequence of) Box 68760, Due to (or as a consequence of) ettending p P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2₺ No 3 Probably 4 Unknown Lipid Disorder The law requires that signed b Division of Vital Records, by should Completed 24a. Was an autopsy 24b. Were autopsy findings performed? eveileble prior to completion of ceuse of deeth? s certificate has b 1 Yes 2 No 1 ☐ Yes 2 ☐XNo or Attending Physician: 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 XYes 2 No Certification: To After this funeral 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 XNetural 5 Pending investigation Hospital or Attendin 24 hours efter death.
 Funeral Director: Aff 1 Yes 2 No 2 Accident the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred et the time, date and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medicai completely (Check only one) within 2 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D17615 October 28, 1996 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 20 Carol L. Bender, M.D. 11510 Old Georgetown Road, Rockville, Maryland 31. Date filed (Month, Day, Year) 32. Registrar's Signature State -Randall OCT 3 1 1996 ia Davidson Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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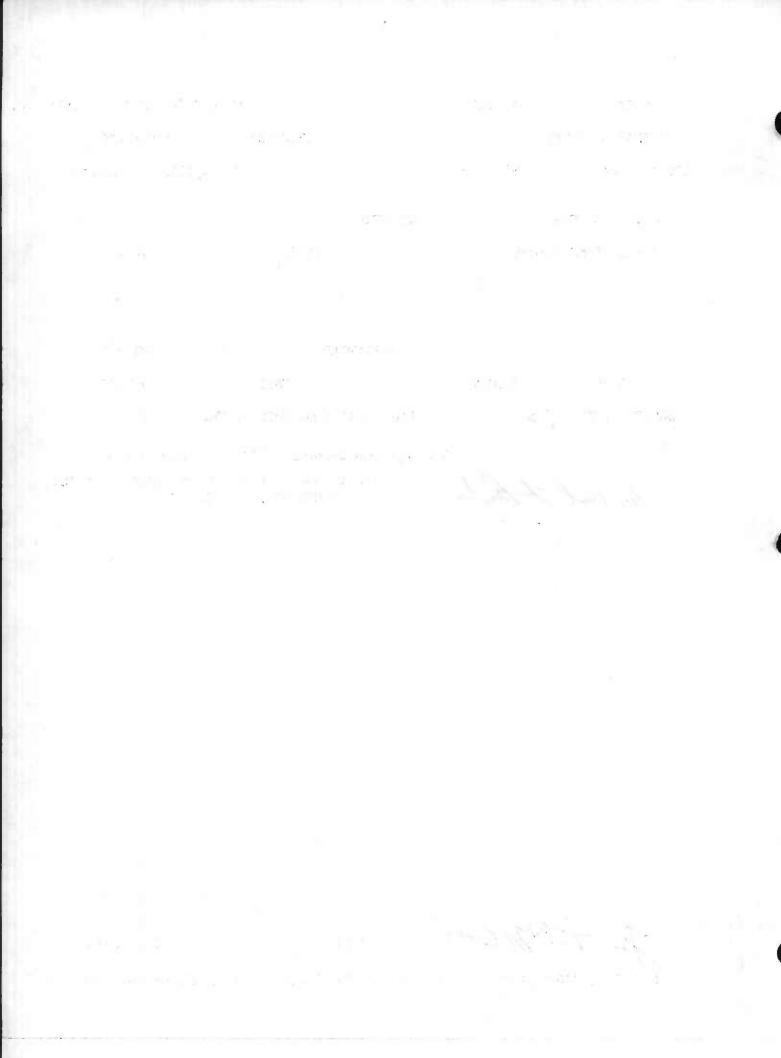
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	/Medi		MARY	O'BEIRNE	3				OCTOBE	IR 26, 19		2:15 A.
•	Examir		4a. Fecility Nama (If not institution, give SUBURBAN HOSPITAL	straet end number,				4b. City, Town BETHE	, or Location of Dee SDA		of Deeth	
	Funeral Director		130 14 2144	7. A	ge (In yrs. i 83	lest birthday) Yrs.	If Undar 1 Ye Months De		Hrs. 8. Date of B Min. (Month, D Jan. 4	irth Dey, Year) 1,1913	9. Birthplece Country) Irela	(Stete or Foreign
	and and		Usuel Residence of Decedent 10e. State 10b. County		10c. City	y. Town or Lo	cation				10d Ir	nside City Limits
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21215-0020	within 72 hours after death with the Marylend ene. then "natural", or items 23s or 28s-f show he Medical Expriner must be notified at	by Funeral Director	11. Maritel Stetus 1 Navar Married 2 Marriad 3 XWidowed 4 Divorced	12. Was Decedent Armed Forcas 1 Yes 2 1 If Yes, Give Yaar or Dates:		l1	Vas Decedent of Yes, specify C		? (Specify Yes or Nuerto Rican, atc.)	lo- 14. Rad Bla Specif	Race - Americen Indien, Black, White, etc. ecify: WHTTE	
	72 ho	Completed	15. Decedent's Edu (Specify only highest grad	ication		16e. Deced	ent's Usuel Oc	cupetion	worklag	16b. Kind of B	usiness/Industry	,
	ifthin se.	npie	Elementary/Secondary (0-12)	College (1-4or	5+)	16e. Decedent's Usuel Occupetion (Give kind of work done during most of life. DO NOT use retired)			working			
	lled w lygier her ti		8 17. Father's Name (First, Middle, Last)	_		F	IOMEMAKI			VN HOME		
Maryland	2 should be filed with end Mental Hygiene. is marked other ther aumatic event, the	To Be	OWEN COLEMAN KATE DEVA								EVANNEY	
	Health Herm 27		19e. Informant's Name/Reletionship (T) JAMES O'BEIRNE /			19b. Mailin 7014			r Aurel Route Num LEAN, VA.	nber, City or Town, State, Zip Code) 22101		
-Baltimore,			20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ F Donation 5 □ Other (Specify)	CE	em etery, crem	sition (Name of letory or other p londs Ce	emetery	Dete 10/96	20c. Location Bronx,	City or Town, S	Stete	
	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Souther Lice 254 CARROLL ST N. T TAKOMA FUNERAL HOME INC 254 CARROLL ST N. T WASHINIGON, D.C. 20012									
	Physician /Medical Examiner		23a. Part1. Enter the diseesa, or comp shock, or heart failure. List only o Immediate Cause (Finel diseese or condition resulting in death)	ications thet causa ne cause of each li MYOCARD	IAL I		ION	dying, such es cer	diac or raspiratory	arrast,	Ons	roximata vel Between et end Death
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Box 68760,	death certificate be executed e ettending physician end of for use es the bunal-transit	Aedical	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last		as a consequ							
	e dea the et hed fo	Physician/	Part II. Other eignificent conditions con	tributing to death b	ut not resu	Iting in the un	derlying ceuse	given in Part I.	23b. Dlo	d tobacco use co	ntribute to the	cause of death?
s, P.O.	res that the de	by Phy	CLOSTRIDIUM DI	FFICLE CO	LITIS	3			1	Yas 2□ No	3 ☐ Probably	4 ₹Unknown
Records,	aw requi	Completed	LUNG CANCER							s en autopsy formed?	available	utopsy findings a prior to ion of ceusa ?
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Vital	i cian: The certificate rector, pag	Be (25. Was case referred to medical examiner?						Deeth (Check only	one)		
of	Physician: this certific ral director,	J.	1 ☐ Yas 2 🛣 No	lospital:		ER/Outpetient	3LI DOA		ng Home 5□Res			
Division	ath. r: After	ation	27. Menner of Death 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Inju (Month, De	y Year)	28b. Time of Injury	28c. tr V M 1	ijuryet Vork? ∐Yes 2∐No	28d. Describe	how Injury occur	red	
DIVI	tal or Attencers efter death	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inj building, et	ury - At hoi c. (Specify	home, farm, street, factory, office 28f. Location (Street and Number or Rural Routa in City or Town, State)					ta Number,	
	To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by th	edical	29a. Certifier (Check only one) 1 CertifyIng Physical Examination (Check only one)	nician: To the best ner: On the basis of and manner st	examinati	vledge, death ion and/or inv	occurred at the estigation, in m	time, date and pl y opinion, death o	ace, and due to the occurred at the time	e ceuse(s) end ma e, date and place,	anner es stated. end due to the	ceuse(s)
	To the within to the comp	M	29b. Signeture and title of certifier	DMC	de		29c. Lice D33	onse number	¢	29d. Dete signe		Yeer)
	3		30. Name and address of person who co					OCRACY	BLVD.,	BETHES	DA, MD	20817

State Registrar 31. Dete filed (Month, Day, Year)

OCT 2 8 1996

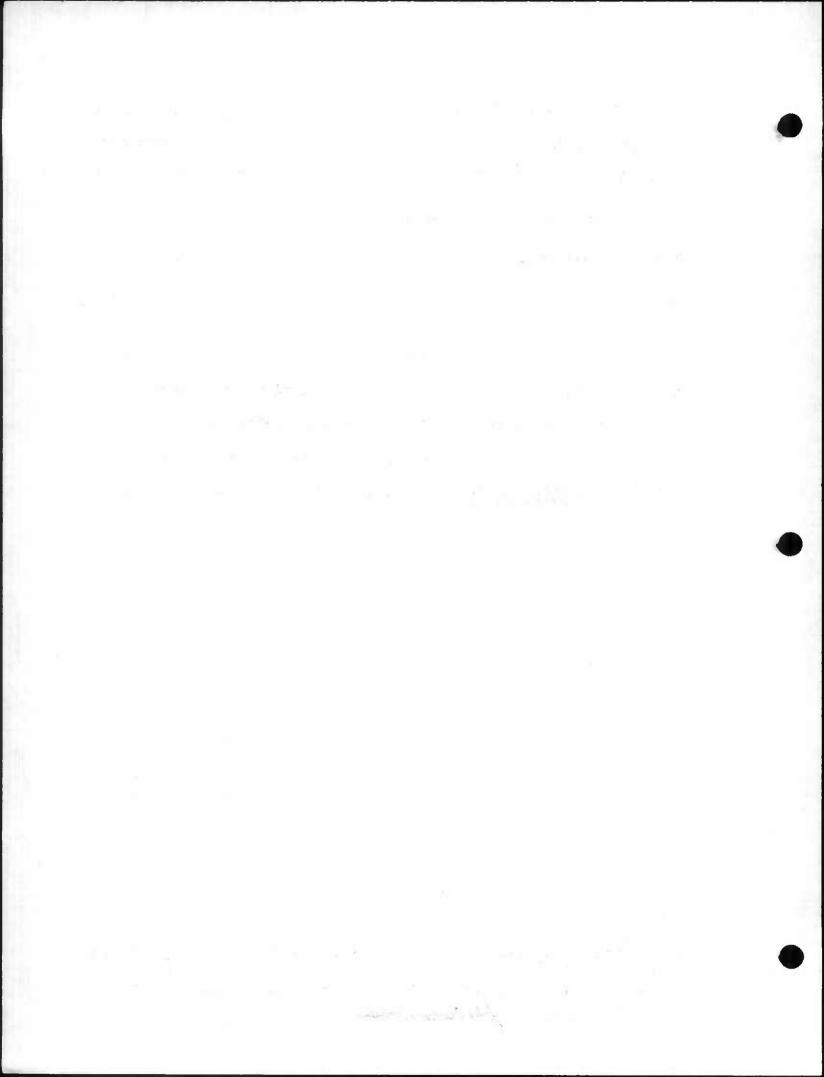
32. Registrar's Signeture

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 34 104

						Cer	tificate of	Death		Reg. N	lo.		
Г	· ·		1. Decedant's Nama (First, Middla, L.	ast)					2. Data of I	Death			3. Tima of Death
	Physici Medie/		Dorothy Fr	ances Pol	lard				Month 10	2		Yaar 96	9:22 PM
)	Examir		4a. Facility Nama (If not institution, gi	va street and number)				4b. City, Town	n, or Location of De	ath 4	c. County of	Death	
			Mediplex N	ursing Cent	er			Gaithe	-		Montg	omer	У
	Funeral Director		5. Social Sacurity Number 6. 139 30 9915 Usual Rasidanca of Decedant	Sax 1□ M 20XF 87	(In yrs. last	birthday) Yrs.	If Undar 1 Yaa Months Days		Min. 8. Data of E (Month, 05/24	Birth Day, Year 190	9	Coun	laca (Stata or Foreign try) ISYlvania
	land		10a. Stata 10b. County		10c. City, T	own or Lo	cation					10	0d. Inside City Limits
	Many	ō	MD Montgome	ery	Germa	antow	n						1 ☐ Yas 2 📉 No
	288	Director	10e. Street and Number				10f. Zip Coda			10g. C	itizen of Wh	at Coun	try?
	h with	Ω 2	21308 Glendevon (Court			20876			USA			
	daat	Funeral	11. Marital Status	12. Was Decedant 8 Armed Forcas?	var in U,S.	13. V	Vas Decedant of	Hispanic Origin	n? (Specify Yas or I	No-	14. Race		
21215-0020	s 1 and 2 should be filled within 72 hours after death with the Maryland of Heelth and Mental Hygiene, them 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by	1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 Yas 2 N If Yas, Giva Yaar or Datas:	lo		Yas 2 No		Puano Rican, atc.)		Specify:	White, a	aite
5-0	72 h	Completed	15. Decedant's E (Specify only highast gi		1	6a. Deced	lant's Usual Occi kind of work don DO NOT usa retir	ipation a <i>du</i> nn <i>a most</i> o	f working	16b.	Kind of Busi	iness/ind	lustry
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	hygie her ti	S	17. Fathar's Nama (First, Middla, Las	22	'	<u> </u>	er	10 Mother's	Nama (First, Midd		lucati		
Maryland	buld be filed with Mental Hygiene. arked other than	Be							lyn May V				
2	2 should and Men is marke	To	Michael McParland 19a. informant's Name/Ralationship		1	Oh Mailin	n Address /Stree		or Rural Routa Nun		-		Codel
Ž	and 2 sho aeith and n 27 is mi		Carolyn Pirnie (urt/Germa				
re,	Hael Hael tem 2		20a. Mathod of Disposition	adugiteer,	20b. Place	of Dispos	sition (Nama of		Data	T .	Location - C		
E O	Pages nant of I int: If ite		1 ☐ Burlal 2 【XCramation 3 [4 ☐ Donation 5 ☐ Other (Special				itan Cre		10/23	Ale	exandr	ria V	VA
Baltimore,	permit. Pages 1 and 2 Department of Haelth a important: If item 27 it any injury or other tra once.		21. Signature of Funaral Sarvica Lice	nsee	1	22	. Nama and Add	rass of Facility	1				
ш	2011		Melanie A	ellelmen	agon		Advent F Annapoli		& Cremat	ion S	Servic	ces	
	Physician /Medical Examiner	Examiner	23a. Part1. Enter the disaasa, or cor shock, or haart failura. List only Immediata Causa (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying	· Papin	Due to (or so	om blu	PALU uence of):	mon	La L	Pic	4		Interval Batween Onset and Death 24 HC 2 DAY
P.O. Box 68760,	The law requiras that the deeth certificata be executed ate has been signed by the attanding physician and page 2 should be datached for use es tha burial-trensit	Physician/Medical E	that initiated evants rasulting in death) Last	d	Dua to (or as) 0	va	100	
o.	the d	hysi	Part II. Other significant conditions	contributing to death bu	t not rasultin	g in tha ur	nderlying causa g	iven in Part I.			N		the causs of death?
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cord	tw require s been sk	Completed								as an aut formed?		ava	ara autopsy findings allable prior to mpletion of causa death?
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<u>ita</u>	ysician: The lav is certificate has director, page 2	Be	25. Was casa rafarred to medical axaminar?					26. Place o	f Death (Check onl	y ona)			11
2	Physician: r this certification	T _o	1 Yas 2 No	Hospital: 1 Inpatla	nt 2□ER/	Outpatien	T BLI DOA		ing Homa 5□ Ra	sidance	6 Dothar	(Specify	Hoppice
Division of Vital Records,	on the une	Certification:	27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigation 3 Suicida 6 Could not I		Year) 28	b. Tima of Injury	28c. Inj W M 1[uryat ork? □Yas 2□No	28d. Dascrib	e how inj	jury occurre	d	J
Σ	or Att	ertifi	4 Homicida datarmined		ry - At homa . <i>(Spacify)</i>	, farm, stra	aat, factory, office	•		(Street a Town, Sta		or Rura	i Route Number,
	To the Hospital or Attending Phymitin 24 hours aftar daath. To the Funeral Director: Aftar thi complately filled in by the funaral	edical	29a. Certifier (Check only 2 Medical Exa	hysician: To the best a miner: On the basis of and mannar sta	examination	dge, death and/or Inv	occurred at the astigation, in my	time, dete end j oplnion, daath	plece, and due to the occurred at the time	na cause(a, data ai	s) end meni nd placa, an	ner as st id dua to	ated. tha cause(s)
	withi To th	ž	29b Signature and title of certified	11-	1		29c. Licer	nse number	_	29d. D	ata signed	(Month, I	Day, Year)
			JAMUL L	Alleg 0	w		100	810.	+	10	12:	3/9	16
			30. Name and address of person who	completed cause of de	eth (Itam 23	a) (Type, I	Print)				1	1	
				go, M.D. 1	8540 C	Offic	e Park I	rive/Ga	aithersbu	rg M	D_2087	79	
	Sta Registr		31. Data filed (Month, Day, Yaar) OCT 2 4 1	996	r's Slonatura	on-B	ndell						



		5	State of Maryland	ene 96	341	05			
				Certificate o	f Death	Reg	ı. No.		
Ohusialan	1. Decedent's Neme (i	First, Middle, Last)				2. Dete of Deeth Month	Dev Yeer	3. Time of	Death
Physician /Medical	ROWLAND	SAMUEL	PATCHETT,	SR.		OCT.31,	/	5:10	AM
Examiner	4e. Fecility Neme (If no	ot institution, give stre	eet and number)		4b. City, Town, or L	ocation of Deeth	4c. County of Deeth		1,700

			1430 JOHN BROW				QUEEN	STOWN	QUE	EN ANNE
	Funeral		Sociei Security Number 6. Security Number	7. Age (In yrs. I		/) If Under 1 Year Months Deys	If Under 24 Hrs Hours Min		th ev. Year)	Birthplece (State or Foreign Country)
ь	Director		211 32 3200	67	Yrs.					MARYLAND
	pu ×		Usuel Residence of Decedent 10e. Stete 10b. County	100 Chu	, Town or	Location				404 to 14- 0% Have
	anyla sho	5	MD QUEEN A			TOWN				10d. inside City Limita 1 ☐ Yes 2∑No
	Ne M	Director		TIME OO	THIS					
	eth with the Marylar s 23e or 28e-f show	P	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhet Country?
	eth v	-a	1430 JOHN BROWN			21658			USA	
	Rems Rems	Funerai	11. Meritel Stetus	12. Wes Decedent Ever in U, Armed Forces?	S. 13	 Wes Decedent of I If Yes, specify Cub 	dispanic Origin? (S en, Mexicen, Puer	Spacify Yes or No to Rican, etc.)		e - American indien, k, White, etc.
20	s aft	by F	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 XNo If Yes, Give		1 □ Yes 2 1 No	Specify:		Specify	WHITE
Ş	72 hours after de "natural", or Kema			Yeer or Detes:	10a Doo	adanta Havel Osev	nation		10h Kind of Du	
Maryland 21215-0020		Completed	15. Decedent's Edi (Specify only highest grad	fe completed)	(Giv	edent's Usual Occup on kind of work done DO NOT use retire	during most of wa	orking		siness/Industry
212		E O	Elementery/Secondery (0-12)	College (1-4or 5+)		AD INSPI	•		ROADS	AND STATE
g	be filed fel Hygi d other event, I	Be C	17. Fether's Neme (First, Middle, Last)			AD INSEI		me (First, Middle	, Maiden Sumem	
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3	d 2 should h end Mer 7 Is marks trsumatic	-	19e. Intorment's Neme/Reletionship (T		19b. Me	lling Address (Street				State, Zip Code)
	d 2		MARIE GARDNER	PATCHETT	143	0 ЈОНИ В	BROWN R	OAD, OI	JEENSTO	WN, MD 21658
Baltimore,	- 1 5 5		20e. Method of Disposition	20b. Pl	eca of Dis	position (Neme of emetory or other ple		Dete		City or Town, Stete
E	Pages nent of int: If its iry or o		1 N Buriei 2 □ Cremetion 3 □ i 4 □ Donetlon 5 □ Other (Specify,	Hemover from Stete		VILLE CI		11-4	STEVEN	SVILLE, MD
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ñ	permit. Departr Importu	17	W/ 6 1/2 01	W CES				NBEIN 8	NEWNA	M FUNERAL HON
		-	23a. Perti. Enter the disease, or comp	lications that arread the death	Donata	200 S. I	HARRISO	N ST.,	EASTON	M FUNERAL HON
_			shock, or heart feilure. List only of	ne cause on each line.	. Do not e	intel the mode of dyl	rig, sucri es cerdie	c or respiretory e	mest,	Approximete tntervel Between Onset end Deeth
ä	Physician / /Medical		Immediate Cause (Final	Parcreal		6.10.00				
	Examiner		disease or condition resulting in death)	θ						10 moz.
		ē		Due to (or	es a cons	equence of):				
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68/60	te be ysicië	cal	cause. Enter Underlying Cause (Diseese or injury thet initieted events	cDue to (or	es e conse	equenca of):				
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ROX	eath certific ettending p	an/		d						
	0 0 0	Physician/Medical	Pert il. Other significant conditions co	ntributing to death but not resu	Iting in the	underlying cause gi	ven in Pert i.	23b. Did	tobacco use cos	atribute to the cause of death?
J.	uiras thet the de n signed by the e uld be detached f	h,						10	Yes 2 No	3 Probably 4 Unknown
ds,	gned oe de	by F								
	3 28	8							an eutopsy	24b. Were autopsy findings available prior to
ပ္ထ	law requasible sas been	pie						pon	3111001	completion of cause of death?
ř	The la	Complete						1 🗆	Yes 2 12 No	1 ☐ Yes 2 ☐ No
итан жесо		Bec	25. Wes case reterred to medical				28. Place of De	ath (Check only	one)	
	Physician: r this certific rral director,	To	exeminer?	Hospitei: 1 ☐ inpatient 2 ☐ E	ER/Outpati	ent 3 DOA Ott	ner: 4 Nursing i	Home 5 Res	dence 6 □Othe	er (Specify)
0 0	ding Phys h. After this funeral di		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Year)	28b. Time injury	of 28c. Inju		T	how injury occurr	
UNISION	ath.	atlo	1 Meturel 5 Pending 2 Accident investigation	(, 23)	n yory		Yes 2 □ No			
<u> </u>	or Attending F setter death. I Director: After d in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Injury - At hor building, etc. (Specify,	me, term, s	treet, fectory, office		28t. Location (Street and Numb	er or Rural Route Number,
2	is eff			, see (-poorly)					,	
	To the Hospital of within 24 hours en To the Funeral D completely filled in	edicai	29e. Certifier 1 ✓ Certifying Phy (Check only 2 ☐ Medicat Exami	sician: To the best of my know ner: On the basis of examineti	viedge, dec	oth occurred et the ti	me, dete end piec	a, and due to the	ceuse(s) and me	nner es steted.
	the F the F	Pe	one)	end menner steted.	.on anarol			at the time,		
	To To	Σ	29b. Signeture and time of certifier	~		29c. Licens			29d. Dete signed	(Month, Dey, Year)
			104/11/W	·		D3	39887		FFM	1/26
-	1		20 Name and address of second	and the Control of the second						•

DAVID H. SMITH, M.D., 509 IDLEWILD AVENUE, EASTON, MD 21601
31. Dete tiled (Month, Dey, Year)

32. Registrer's Signeture

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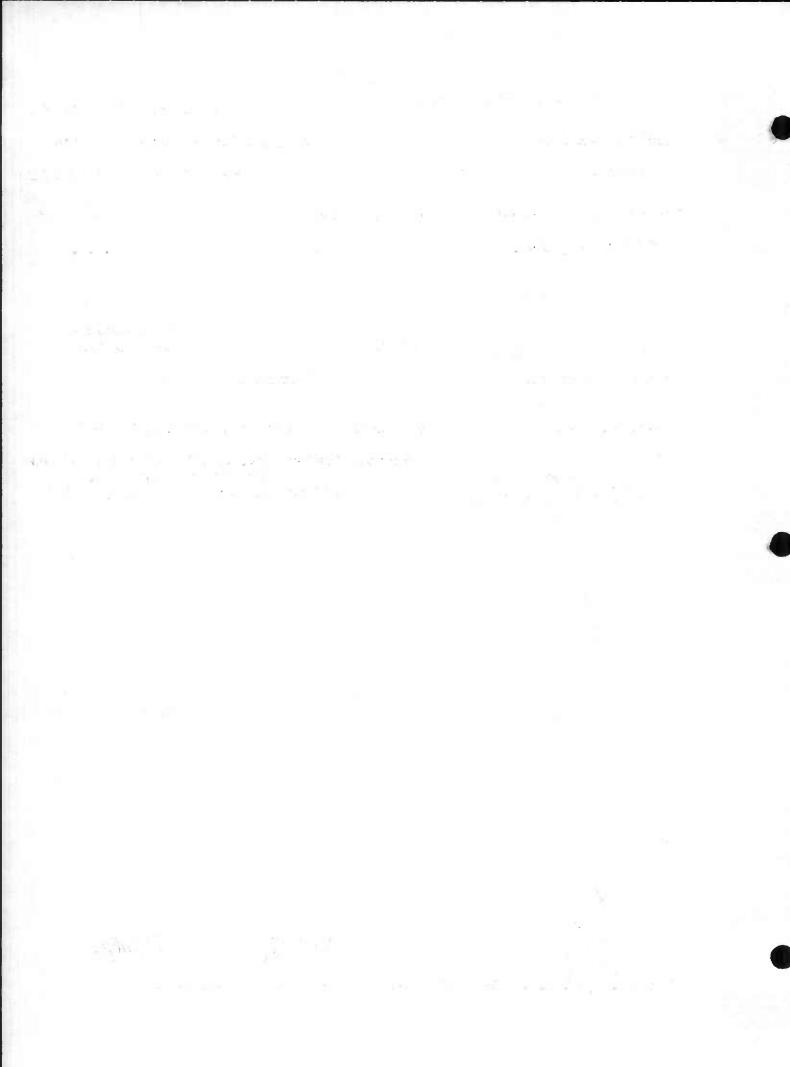
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				State of Maryland	-	artment of I rtificate of		Mental Hy	/giene 与	6 34106			
	Physic	ian	Decedant's Name (First, Middla, Last) Betty Jea	an Ellis Pri	ce			2. Data of D Month	Day	3. Tima of Death			
	/Medi Examii	cal	4a. Facility Nama (If not institution, giva s	Section and the section of the secti			4b. City, Town, or		th 4c. County	of Death			
			6309 Gateway Blvc 5. Social Sacurity Number 6. Sax		at hirthday	If Undar 1 Yaar				ce George's			
	Funeral Director		241-78-7048 Usual Residence of Decedant	M 2 □ X = 49	Yrs.	Months Days		(Month D	6,1947	9. Birthplaca (Stata or Foreign Country) North Carolin			
	Meryland a-f show	tor	10a. Stata 10b. County Maryland Prince Ge		10d. Insida City Limits 1 ☐ Yas 2X No								
	ter death with the Merylen flems 23a or 28a-f show free maint be notified at	Funeral Director	10e. Street and Number 6309 Gateway Bl	10f. Zip Coda 20747				10g. Citizan of What Country? U.S.A.					
020		þ	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in U,S. Armed Forcas? 1 Yas. 2 No if Yas, Giva Yaar or Datas:		13. Was Decedant of Hispanic Origin? (Specify If Yas, specify Cuban, Maxican, Puarto Ricar 1 ☐ Yas 2 ☒ No Specify:			or No- 14. Race - Amarican Indian, Black, Whita, atc. Specify: White				
Maryland 21215-0020	d within 72 hours af jiena. r than "natural", or the Medical Exam	Completed	15. Decedant's Educ (Specify only highast grade		(Giva lifa. i	dant's Usual Occup kind of work dona DO NOT usa ratire	during most of wo	orking		usinass/Industry			
21	TO TO be	Com	Elemantary/Secondary (0-12)	N/A	Clei	TK				nications			
/land	d 2 should be filed v th end Mentel Hygie 7 is marked other t traumatic event, it	To Be	17. Father's Nama (First, Middla, Last) Henry Patterson 18. Mother's Ni France						na (First, Middla, Maidan Sumama) ES Roach				
Baltimore, Mar	permit. Pages 1 and 2 she Department of Heelth end important: If item 27 is m any injury or other traum once.		19a. Informant's Name/Ralationship (Ty) ROSCOE H. Price 20a. Mathod of Disposition 1X Burial 2 □ Cramation 3 □ R. 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Listings	amoval from Stata Res	6309 ace of Dispo matary, crar Surrec	sition (Nama of natory or other pla ction Cen !. Nama and Addra	Blvd Dis netery No ass of Facility I	ov. 1, 1 ee Fune	eights, 200c Location 996 Cli ral Home	MD 20747 City or Town, Stata nton, Maryland			
	Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or complishock, or haart failura. List only on Immediata Causa (Final disaasa or condition resulting In death)	a causa on each line.	770	1	ang, such as cardie			Approximata Interval Batween Onsat and Death			
Box 68760,	thet the death certificata be executed ed by the attending physicien and detached for use as the burial-trensit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disaesa or Injury that initiated avants rasulting in death) Lest	Dua to (or	as a consec as a consec	uance of):	Filolog	, Syrd	ione)				
	death	sicia	Part II. Other significant conditions con	tributing to death but not result	ting In tha u	ndariying cause gi	van in Part I.	23b. Dio	I tobacco use co	ntribute to the cause of death?			
s, P.O.		by Phy	Any	grapic ho	Ten	of sele	usis	1	Yes No	3 Probably 4 Unknow			
Vital Records,	require been s should	Completed t		,					s an autopsy formed?	24b. Wara autopsy findings available prior to completion of causa of death?			
Ä	0 - 5	Com						10	Yas ANO	1 □ Yas 2 No			
/ita	ysician: The s certificate director, pag	Be	25. Was casa rafarred to madical axaminar?					ath (Check only	ona)				
o	5 00	on: To	27. Mannar of Death	THE RESERVE TO THE RE	R/Outpatier 28b. Tima of Injury	28c. Inju		-	how Injury occur				
Division	To the Hospital or Attending Phy within 24 hours effer deeth. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident 3 Suicide 4 Homicide Accident					28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)					
_	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examin	ician: To the best of my knowler: On the basis of examination and manner stated.	ledga, deeth on and/or inv	occurred at tha ti restigetion, in my	me, dete and plec opinion, death occ	e, end dua to tha urred at tha tima	a causa(s) and ma , data and place,	annar as stated. and dua to tha causa(s)			
	To the To the	Me	29b. Signatura and title of profiler	and maintai stated.		29c. bicans	sa number		29d. Data signe	deMonth, Day, Year)			
			30. Name and address of person who con	moleted cause of death /lines /	23a) /Tunc	Print)	11731		10/	11/10			
				D. 11701 Livin		•	203 Ft. V	<i>l</i> ashingt	on, MD				



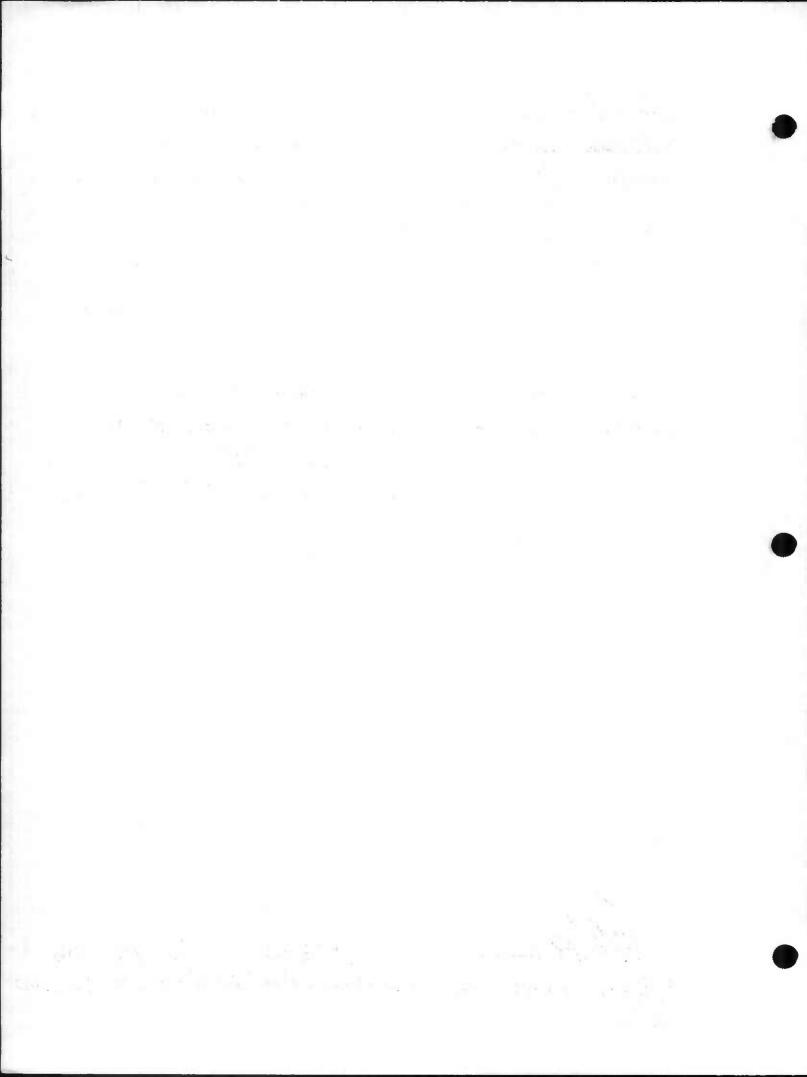
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 34107

					Cer	tificate of	Death		Reg. No.		
	Physic	ian	1. Decedent's Neme (First, Middle, L. Mildred Pete					2. Dete of D	Dey 9	Yes 96	3. Time of Death
1	/Medi	cal	4a. Fecility Nama (If not institution, gi	us street and number)			4b. City, Town, or L				5:26 pı
	Exami	ner	The second secon	NURSING HOME			HAGERSTO!		4c. County WASHI		
-	Funeral		5. Sociel Sacurity Number 6.	Sax 7. Age (In yrs.	last birthday)	If Undar 1 Yaar	If Under 24 Hrs.	8. Data of B			ce (Stete or Foreign
	Director		213-18-3619 Usuel Residance of Decedent	1□м 2/О г 75	Yrs.	Months Days	Hours Min.	JAN.31		TANEY	TOWN, MD.
	nylanc how		10a. Stete 10b. County 10c. City, Town or Location								
	e Me	cto	MARYLAND FREDERICK THURMONT								1 Yes 2 No
	or 2	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V		y?
	eth v	rai	62 E. MOSER RD.	T.O. W. D. J. J. T. L. II	0 100	21788			U. S. A		
	ter de Item	Funerai	11. Meritel Status 1 □ Naver Married 2 □ Married	12. Wes Decedent Ever In U. Armed Forces? 1 ☐ Yas 2 ☑ No	,S. 13. ¥	Yas Decedent of I	Hispanic Origin? (Sp pan, Mexican, Puarto	Rican, atc.)	Bled	e - American k, White, et	
020	172 hours efter deeth with the Meryland "natural", or frema 23a or 28a-f show edical Examiner must be notified at	þ	3 V Widowed 4 □ Divorced	1	□ Yes 2 No	Specify:		Specify	WHIT	ΓE	
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation	16e. Deced	ent's Usuel Occu	pation during most of work	kina	16b. Kind of Bu	ısiness/Indu	stry
7	l within 72 ho liene. r than "natur the Med cal	mple	Elementary/Secondery (0-12)	Coilega (1-4or 5+)	lite. L	OO NOT use retire	ed)	ung			
7	filed w Hygier frher ti		17. Father's Neme (First, Middle, Las	<u> </u>	HOME	MAKER	10 Mathoda Nor	o /First Midd	OWN HON		
and	2 = D >	o Be	If . Fauler's Neme (Filst, Middle, Las	, WILLIAM VAUGHN				E WANT		9)	
Maryland 21215-0020	d 2 should b th end Mente 7 is merked traumetic er	To	19e. tnforment's Neme/Relationship			g Address (Stree	t end Number or Ru			State, Zip C	Code)
Σ			JOYCE L. WANTZ		62 E.	MOSER R	D., THURM	ONT. M	D. 21788		
ore	of He item		20e. Method of Disposition		lece of Dispos	sition (Name of netory or other ple		Data	20c. Location -	City or Tow	n, Stata
Baltimore,	Peg ment ant: If		4 Donation 5 Other (Specify) Smithsburg Crematorium 10/21/96 SMITHSBURG								1D.
39	permit. Peges 1 end 2 Depertment of Health e Important: If Item 27 is eny injury or other tra once.		21. Signature of Funeral Sarvice Lica	nsee	22.	. Name end Addre	ess of Facility	SKILES	FUNERAL	HOME	
	00260		John M.	stuus			IN ST., E				
-		١.	23a Bont 1. Entar the disease, or con chock, or heart feilure. List only	plicetions that ceused the deat one ceuse on each line.	h. Do not ente	er the moda of dyl	ing, such as cerdiec	or respiratory	arrest,		Approximata ntarvei Between Onset end Deeth
	Physician /Medical		Immediate Cause (Finel			-					2 70
	Examiner		disease or condition rasulting in death)	0	r es e consequ		home				-70
_	n #	ner		540 10 (0	1 63 6 601364	uerioe orj.					
	certificeta be executed ding physician and ise es the burial-transit	Examiner	Sequentially list conditions, Yeary leading to immediate								
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68760,	ficeta phys	Medical	thet initieted events Due to (or es a consequance of): rasulting in deeth) Lest								
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. Bo	that the death of the by the attendeteched for us	Physiciar	Pert It. Other significant conditions	nderlying cause gi	ven in Pert I.	23b. DI	d tobacco usa cor	ntribute to t	he cause of death		
P.0	that the	Phy	10						Yes 2 10 3 Probably 4 Unknow		
JS,	8 5 8	l by					· · · · · · · · · · · · · · · · · · ·			Oah Mar	
Sor	nber	Completed							s en eutopsy formed?	avail com	e autopsy findings leble prior to pletion of cause
Rec	hes hes	mpi								111	eeth?
Vital Records,			25. Wes cesa raferred to medical	-			00 Diagram of Dag		Yes 2 No	1 🗆	Yes 2□ No
		To Be	examiner?	Hospitel: 1 Inpatient 2	FR/Outpatient	t 3 DOA Ot	26. Place of Dee	1	sidence 6 □Oth	er (Snecify)	
סר	문 등 등		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju			how injury occurr		
000	Attending of death. ector: After by the fune	atio	1 ☐Naturel 5 ☐ Pending 2 ☐ Accident investigetic	n	injury		Yas 2□No				
Division	XE- C	Certification:	3 Suicide 6 Could not be determined	28e. Pieca of injury - At he building, etc. (Spacify		et, factory, office			cation (Street end Number or Rural Route Number, ity or Town, Stete)		
•	ours e ours e eral C		29a. Certifier 1 Certifying Pl	weicien. To the best of my know	wladae death	oncurred at the ti	me date and place	and due to th	e course(s) and ma	nnor ee eto	lad
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical		nysician: To the best of my kno- miner: On the basis of examine end manner steted.	tion end/or Inv	estigation, in my	me, date end pieca, opinion, death occur	red et the time	e ceuse(s) end me e, dete end piece, (end due to t	he cause(s)
	Within To the	Me	29b. Signature and title of cartifier		1	29c. Licans	se number		29d. Data signed	d (Month, D	ey, Year)
				ATT MO		00	8014		ou- 2	٥, (٩	96
			30. Name and eddress of person who	completed cause of deeth (Item	23a) (Type, F	Print)					
			VASSANT DATTA				STOWN, MD.	21740			
	Sta Registi		31. Data filed (Month, Day, Year) OCT 2 2 199	6 July a Ruch	x landed	BL.					
			GGI M M AAA	- Lat *							

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mary		tificate of			Reg. No.	5 34108
Ph	ysicia	an	Decedent's Name (First, Middle, Last)	f				2. Data of De Month		3. Time of Death
	/ledic		STEPHEN MATTHEW PE			1		Octobe		
Ex	amin	er	4a. Facility Nama (If not Institution, giva	And All Age Throught			4b. City, Town, or L	ocation of Deat	h 4c. County of	Deeth
			160-F Willowdale D: 5. Social Security Number 6. Sax		yrs. last birthday)	If Under 1 Year	Frederick		Frederi	
Fun Direc				M 2□F	5 Yrs.	Months Days		8. Date of Bir (Month, Da March 1	iy, Year) 6, 1991	N. Birthplace (State or Foreign Country) Maryland
hand ow	10		10a. State 10b. County	10c.	. City, Town or Loc	ation				10d. Inside City Limits
Many H	2	ţō	Maryland Frederick	Fre	ederick					1 ∑ Yes 2 □ No
h the	200	Director	10e. Street and Number	ILI	CUCITCK	10f. Zip Code			10g. Citizen of Wh	at Country?
th will	d la		160-F Willowdale D	r., #201		21702			219-31-36	515
r dea		Funeral		12. Was Decedant Evar in Armed Forcas?	in U,S. 13. V	Vas Decedent of Yes, specify Cul	Hispanic Origin? (Spoen, Mexican, Puerto	ecify Yes or No	- 14. Race -	American Indian, White, etc.
or h	gω ₀		1 Nevar Married 2 Married	1 ☐ Yes 2 🗓 No If Yes, Give		☐ Yes 2♥ No		, , , , , , , , , , , , , , , , , , , ,	Specify:	wille, etc.
n 72 hours aft	E	d by	3 Widowed 4 Divorced	Yaar or Datas:						Black
Maryland ZIZID-0020 d 2 should be filed within 72 hours af th and Mental Hygiene. 7 is marked other than "natural", or	dipal	Completed	15. Decedent's Educ (Specify only highast grade	e completed)	(Give I	ent's Usuel Occu kind of work done IO NOT use retin	during most of world	king	16b. Kind of Busi	ness/industry
than than	966	mo	Eiementery/Secondary (0-12)	College (1-4or 5+)	N/A		/		N/A	
d Hyge	/ent	BeC	17. Fathar's Name (First, Middle, Last)		III/A		18. Mothar's Nam	na (First, Middle	, Maiden Sumame)	
offyidfild & I.Z. I 3-UUZU should be filed within 72 hours after death with the Maryland and Mental Hygiene. In marked other than "natural", or Items 23e or 28e-f show	a c	ToE	Richard Leon Weedon	n			Shannon	Marie P	erry	
2 sho	anne		19a. tnforment's Name/Relationship (Type	pe, Print)	19b. Mailin	g Address (Stree	t and Number or Ru	ral Route Numb	er, City or Town, St	ate, Zip Code)
1 and 1 Health	Der 12		Shannon Marie Perr				ale Dr.,			21702
IMOCE, Maryland ZIZIS-UUZU Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hyglene. int: If item 27 is marked other than "natural", or items 23a or 28a-1 show	or off		20a. Method of Disposition 1 ☐ Burial 2 ☼ Cremation 3 ☐ R		b. Place of Dispos cemetery, crem	sition (Nama of natory or othar pla	ace)	10/29	20c. Location - CI	ty or Town, Stata
Pa Pa Fit:	dany		4 □ Donation 5 □ Other (Specify)	Н	lagerstow		tory	1996		wn, Maryland
Baltimore, N permit. Pages 1 and Department of Health Important: If them 27	once.		21. Signature of Funeral Sarvice License	2		Name and Addr	. 50		Funeral H	
_ 004	- 4		tyan he	Dern	-	-	umtown Pi			D 21702
			23a. Part1. Enter the disease, or compli- shock, or hourt failure. List only on	cations that caused the die cause on each line.	death. Do not ente	r the mode of dy	ing, such as cardlac	or respiratory a	rrest,	Approximate Interval Between Onset and Death
Physic /Medi			Immediate Cause (Final	Primit	ald avi	110000	todown	1 4	114.50	Crisal and Death
Exami	ner		disease or condition resulting in death)				I VO EV NY	LITU	CUIVOV	year
STATES.		ner		01	o (or as a consequ	Jence or):				
outeo or	rans	Examiner	Sequentially list conditions.		to (or as a consequ	uence of):				
No exe	onsi		if any, leading to immediate cause. Enter Underlying Cause (Disease or injury							i
ficate be executed physician and	96	edical	that initiated events resulting in death) Last Due to (or as a consequence of):							
D 1 0	8		L.	i						
n f f	5	Physician/M	V=110							
) e e	peuper	ysi	Part II. Other significant conditions con	tributing to death but not	resulting in the un	derlying causa g	iven in Part I.			ibute to the cause of death?
- B B	a Deta	by Pi						10	Yes 2 No 3	☐ Probably 4 ☐ Unknown
RECORDS, he law requires to has been signs	9	D D						24a. Was	an autopsy	24b. Were autopsy findings
law requ	z snouid	Completed						репо	ormed?	available prior to completion of cause of death?
The law	e ded	E O						10	Yes 2 No	1 ☐ Yas 2 ☐ No
VICEI lician: Th		Bec	25. Was case referred to medical				26. Place of Dea	th (Check only	one)	
Physician:	6	2	1 Yes 20 No		2 ER/Outpatient	3LI DUA	ther: 4 Nursing H		dence 6 Other	
ding P	and I	iou	27. Manner of Death 1 Death 5 Pending	28e. Dete of Injury (Month, Day Year	r) 28b. Time of Injury		ork?	28d. Describe	how Injury occurred	
	5	cat	2 Nocident investigation 3 Suicide 6 Could not be	29 c Diano of Injury	t home form stre]Yes 2□No	29f Location /	Street and Number	or Pural Pouta Number
or Attending after death. Director: After	An un o	Certification:	4 ☐ Homicide determined	28e. Place of Injury - A building, etc. (Spe		et, rectory, office		City or To		or Rural Route Number,
P Hospital 24 hours a Furraral C			29a. Certifier Certifying Phys	ician: To the best of my	knowledge, deeth	occurred at the t	ime, date and piace	and dua to the	ceusa(s) and mann	er as stated.
To the Hospital or within 24 hours after To the Funeral Din	2000	edical		ner: On the basis of exam and manner stated.	nination and/or inv	estigation, In my	opinion, death occur	red at the time,	date and place, en	d due to the cause(s)
To the within 2 To the		M	29th. Signatur Charles of Condition			29c. Licen	se number		29d. Date signed (Month, Day, Year)
			HILLER			N4	3388		Det 20	1996
8) (4)			30. Name and eddress of person who co	mpleted cause of death (Item 23e) (Type, F	Print)	1	1614	1 1 -	1 10
			A Stacy Nich	M, Mella	111 111	illiga	a Ave.	NM	Vasking?	on UC 20010
	Stat	100	31. Date filed (Month, bay, Year)	32. Registrar's Gi	ignature Park	Left.	,		- 1	

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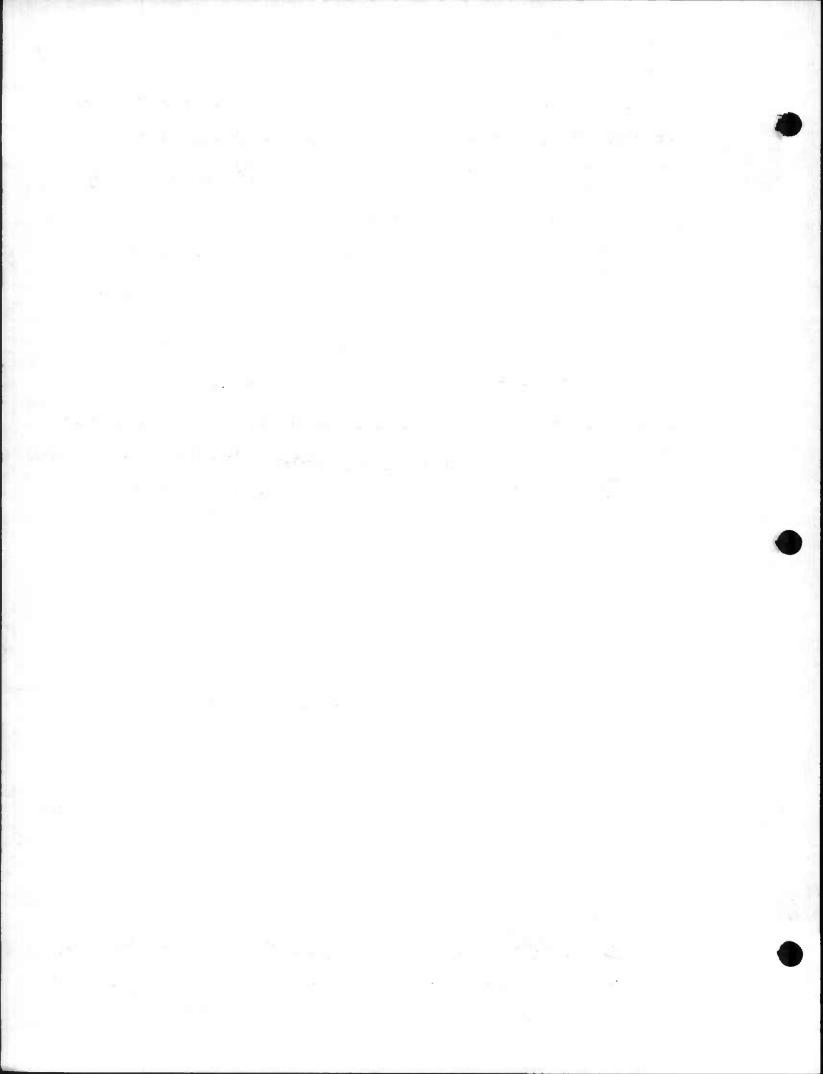


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death October Day 31, 1996 **Physician** Madeline Bond Parran /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner Prince Frederick Calvert Calvert County Nursing Home If Under 1 Yeer | If Under 24 Hrs. 8. Deta of Birth Areths | Days | Hours | Min. | Areths Ith, Day, Year) 7. Age (In yrs. last birthdey) 104 vre 5. Social Security Number 215 18 1651D Birthplece (State or Foreign Country) **Funeral** 1□ M 2⊠ F Yrs Director April 26 1892 Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits / is marked other than "natural", or items 23s or 28s-f show traumatic event, its Madical Examinar must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Calvert St. Leonard 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6310 St. Leonard Road 20685 United States pemilt. Pegas 1 and 2 should be filed within 72 hours after death v
Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a
any injury or other traumatic event, the Madies Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No if Yes, Give 14. Raca - American indian, Bleck, Whita, atc. 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 white 1 ☐ Yes 2 ☐ XNo þ if Yes, Give Yaar or Dates: 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) housewife own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Benson Basil Duke Bond Minnie Lancaster 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas Parran Jr. 6310 St. Leonard Rd. St. Leonard Maryland 20685 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Mathod of Disposition Dete 20c. Location - City or Town, Steta 1 Suriel 2 Cremetion 3 Removel from State Christ Episcopal Cemetery 3, 1996 Port Republic Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signetura of Funeral Service Licensee 22. Nama and Addrass of Fecility Rausch Funeral Home PA 4405 Broomes Is. Rd. Port Republic Maryland20676 at anter the mode of dying, such as cardiac or raspiratory arrast,

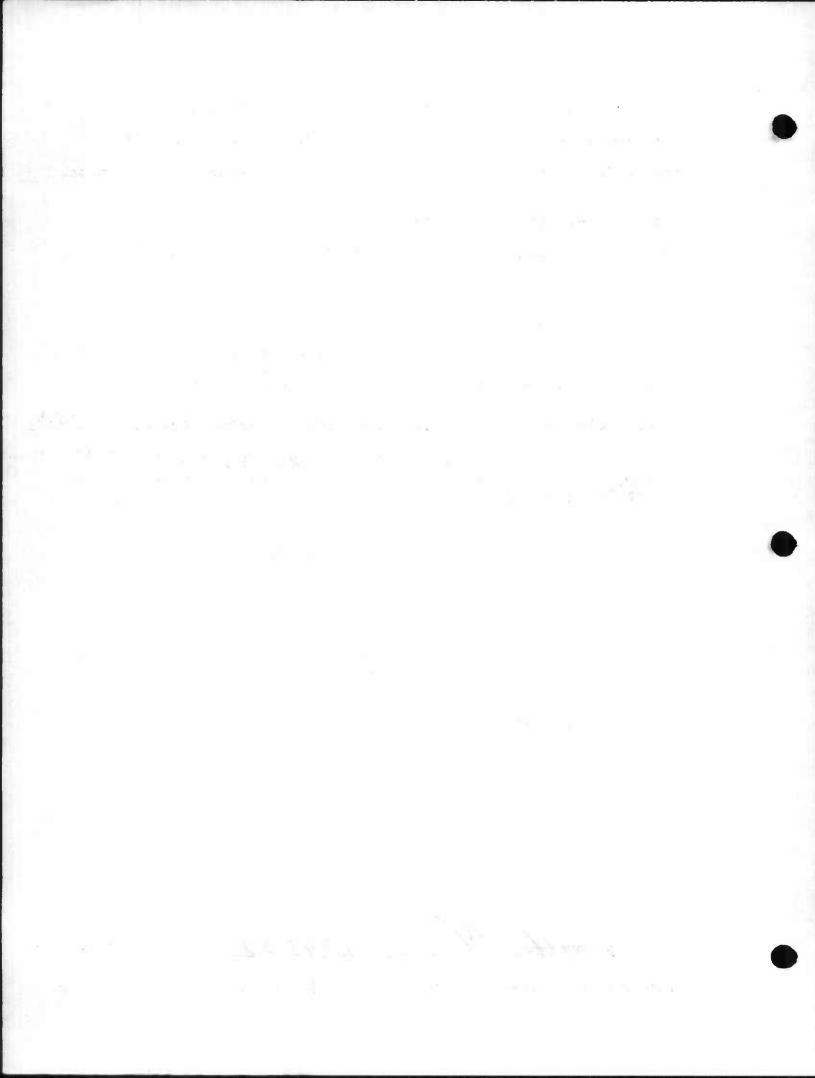
Approximata Interval Between Onset and Death 23a. Pert1. Enter the disease, or compilcations that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrast shock, or heart feiture. List only one cause on each line. Physician Immediete Ceuse (Finel disaese or condition resulting in daath) /Medical · COMPLICATIONS OF ADVANCED ORGANIC BRAIN SYNDRIAN YFARI Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) physician a tha buriel-Box 68760. The law requires that the death certificate be Physician/Medicai Dua to (or es a consequance of): ed by the e Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of causa of deeth? Completed 24a. Was an eutopsy Deen hes cartificata 1 ☐ Yes 2 100 1 □ Vas 2 □ No or Attending Physician: 25. Wes case referred to medical exeminer? Be 28. Place of Deeth (Check only one) Other: 4 Adrsing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28c. Injury at Work? 28d. Describe how injury occurred Aftar 5 Pending investigation 1 Naturel death. 1 ☐ Yes 2 ☐ No Director: A 2 Accident 6 ☐ Could not be 3 Sulcida Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide in 24 hour.
The Funeral Directory the Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piace, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, deeth occurred at the time, date end piace, end dua to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) within 2 29b. Signature and title of cadifie 29c. License number 29d. Date signed (Month, Dev. Year) 726358 OCT -31, 1996 49 30. Name and a of person who completed cause of death (item 23e) (Type, Print) PRINCE FREDERICK, MD-20678 WEIGER. 31. Data filed (Month, Dey, Year) 32. Registrer's Signatura State Julia Davidson Randall Registrar

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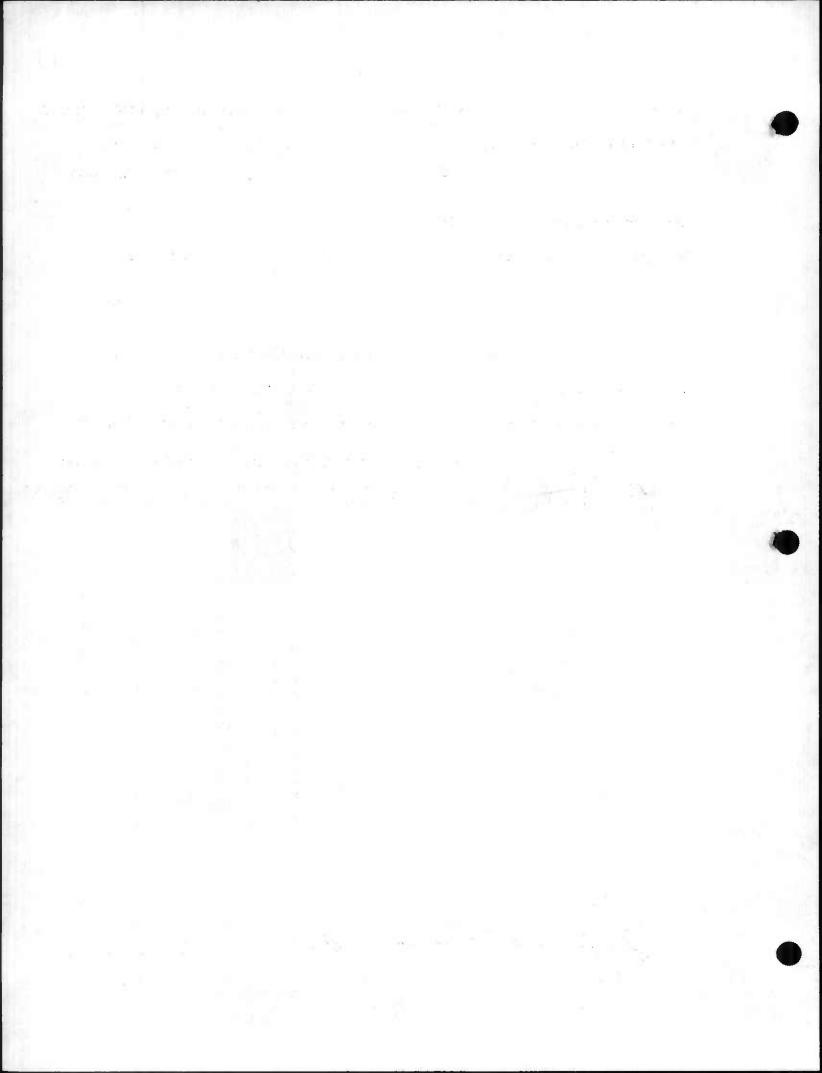
State of Maryland / Department of Health and Mental Hygiene 9 6 3 4 1 0

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	Physici /Medi		Arthur William Pe						3, 1996	1 (21(21)	830 PM
	Examir		4a. Facility Nama (If not institution, giva street and number 161 Windcliff Road	r)			4b. City, Town, or L Prince I				t
	Funeral Director			Aga (In yrs. last bi 57	rthday) Yrs.	If Under 1 Yaar Months Days		8. Date of Birth (Month, De)	2 1939	9. Birthpi Count Penns	iace (State or Foreign try) Vania
	and		Usual Residence of Decedent 10a. State 10b. County	10c. City, Tow	n or Loc	ation				10	Od. Insida City Limits
	Manyli f sho	ō	MarylaND Calvert			Frede	rick			1	1 ☐ Yes 2 ☐ No
	the 1	Director	10e. Street end Number		iicc	10f. Zip Code	LICK		10g. Citizen of V	Vhet Coun	**
	h with	al D	161 Windcliff Road			2067	8		Unite	ed St	tates
Maryland 21215-0020	within 72 hours effer death with the Maryland ene. than "natural", or items 23a or 28a-f show he Medical Examiner must be incitled at	by Funeral	11. Marital Stetus 1 Never Married	s?] No		/as Decedent of Yas, specify Cub □ Yes 2 2 No	Hispanic Orlgin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)		e - Amarica k, White, e hite	etc.
5-0	72 ho	eted	15. Decedent's Education (Specify only highast grade completed)	16a	. Decede	ent's Usuel Occu	pation during most of worked)	kina	16b. Kind of Bu	usiness/Ind	lustry
121	d within 72 ho piene. r than "natur r wed cal	Completed	Elementery/Secondery (0-12) College (1-4or						++	J	Insurance
2	77 75 16 16		17. Fathar's Name (First, Middle, Last)		man	uractu	reres re				
lan	S d as D	o Be	Arthur William Peter	man				. Marti		6)	
ary	d 2 should b th and Ments 7 is marked traumatic e	To	19a. Informant's Name/Relationship (Type, Print)	198	. Malling	Address (Stree	t end Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip	Code)
	d the tra		Winnie Peterman	16	1 W	indcli	ff Rd. F	rince	Freder	ick	Mary Thad
ore			20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ Ramoval from State	20b. Place o	f Dispos	ition (Neme of	(ce)	Date	20c. Location -	City or To	wn, State
Ē	Pages ment of I ant: If its ury or o		4 □ Donetion 5 □ Other (Specify)	Metr							ria Virgin
Baltimore,	permit. Pages Department of Important: If i any Injury or once.		21. Signature of Further Uservice Licensae				ess of Fecility Ra				me PA lic Maryla
			23a. Part1. Enter the disaasa, or complications that causs shock, or heart failure. List only one cause on each	ed tha death. Do	not enter	r the mode of dy	ng, such as cardiac	or respiratory ar	rest,	publ	Approximate Interval Between
V	Physician										Onset and Death
	/Medicai Examiner		Immediate Causa (Final disease or condition resulting in deeth)	re ch	m	it ohis	tructive	2 lung	disea	se	YEOUTS
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	uted d ansit	edicai Examiner	b.	Due to for see		20002 261				-	
o,	tificate be axecuted g physician end as the buriel-transit	Exa	Saquantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury	Dua to (or as a	consequ	ence oi).					
68760,	ate be hysici	licai	Cause (Diseese or Injury that initiated events resulting in deeth) Last	Dua to (or as a	consaqu	ance of):					
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P.O.	t the c by the	hys	. 1	_	n the nic	deriying cause gi	ven in Fait I.				the cause of death?
	ss thet gned b	ру Р	er emphysome	4					20.10		
Records,	v requires that the death cer been signed by the attendir should be detached for use	Completed						24a. Was perfor	an autopsy med?	ava	are autopsy findings allable prior to mpletion of cause
Re	The law ate hes t page 2 s	dmo						6	- X		déath? ⊇Yes 2⊡ No
Vital		BeC	25. Was case referred to medical				26. Place of Dea	th (Check only o	nel nel		J165 2 140
>	Physician: this certific ral director,	TO BE	axaminar? 1 ☐ Yes 2☐ No Hospital: 1 ☐ Inpat	tient 2 ER/O	utpatient	3 DOA Ot	hor	oma 5 Aasid		er (Specify	()
n of			27. Manner of Deeth 1 ■ Watural 5 □ Pending (Month, D		Tima of	28c. Inju		28d. Dascribe h			
Sio	Attending I or death. ector: After by the funer	catic	2 Accident Investigation				Yes 2 □ No				
Division	or Attending effer death. Director: Affer I in by the fune	Certification:	determined 200. Place of II	njury - At home, fa etc. (Specify)	ırm, stre	et, fectory, office		28f. Location (S City or Tow		er or Rural	l Routa Number,
ш	hours e		29e. Certifier 1□ Certifying Physician: To the bes	t of my knowledge	dooth	accurred at the ti	me data and place	and due to the le	and and and		ated
1	To the Hospital or Within 24 hours effe To the Funeral Dir completely filled in	edicai	(Check only one) 2 Medical Examiner: On the basis and manners	of examinetion an	d/or Inve	estigetion, in my	opinion, death occur	red et the time, o	lete and place,	and due to	the ceuse(s)
24	Withir Comp	Me	29b. Signature and title of certifiar	1//		29c. Licen	se number	-	29d. Date signed		
	~		· yonatt	Fea	~	13	952	2_	Novem	ber	4, 1996
			30. Name end andress of person who completed cause of	death (Item 23a)	(Type, P	rint)					
			Jonathan K. Fears, M.	D. 120	Но	spital	Rd. Pri	nce Fr	ederic	k Mo	20678
	Sta			trar's Signetura	O						
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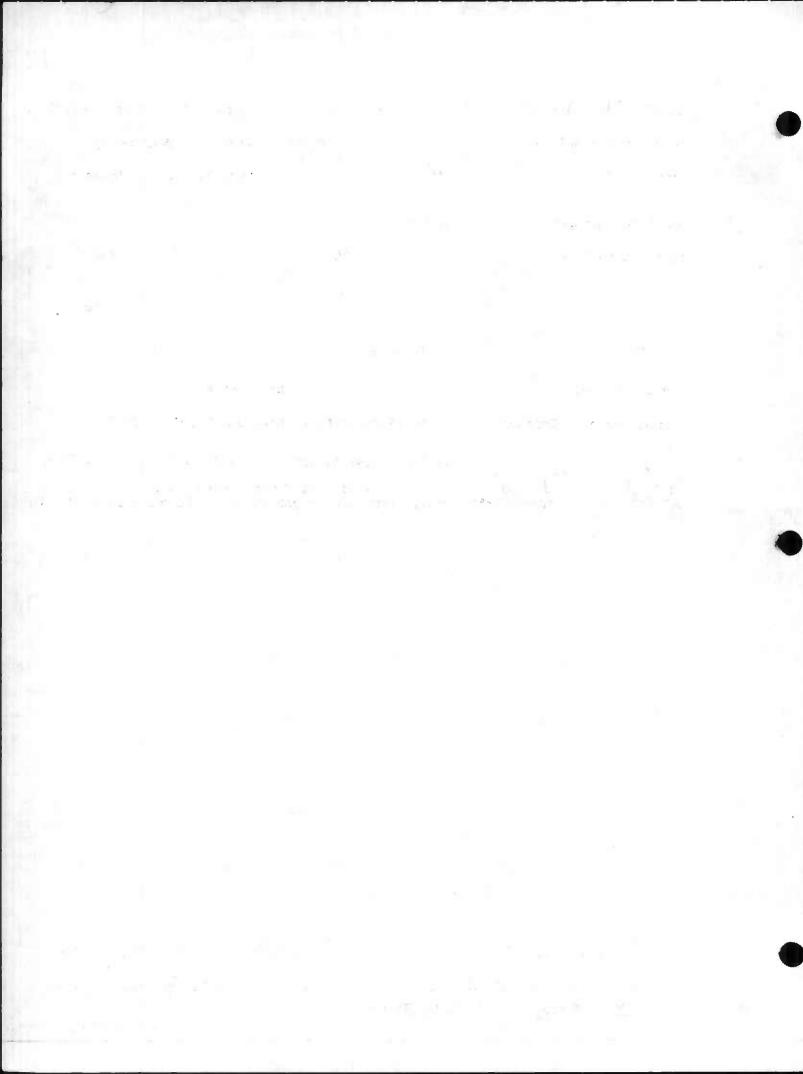
						Ce	ertificate	of	Death		Reg. No.	0	J 4	1 1 1
			1. Decedant's Nama (First, Middla, Last)	A.					2. Dafe of Da	ath		3. Tim	a of Death
	Physici /Medi		Janet U.		Peri	eaul:	t			Month Octob	Day er 29. 1	Yaar 996	7.	25 PM
	Examir		4a. Facilify Nama (If not institution, giva	straat and number)			_		4b. City, Town, or L					2J IM
ï			Bedford Court Nu	csing Home					Silver S	nrino	Mon	tgome	rv	
	Funeral		5. Social Sacurify Number 6. Sa	x 7. Aga		ast birthday			if Under 24 Hrs.	8. Date of Bir	th			ta or Foraign
ı,	Director		088 26 5347]M 20XF	75	Yrs.	Months	Days	Hours Min.	June 12	2, 1921	New		
	nyland how		10a. Stata 10b. County		10c. City	, Town or l	ocation.					10)d. insid	a City Limits
	e Ma	Director	Maryland Montgome	ry	Bet	hesda	a.						1 🗆 Y	′as . 2⊠ No
	or 2	Dire	10e. Street and Numbar				10f. Zip (Coda			10g. Citizan of V	Vhat Count	ry?	
	ath w		8012 Park Overlook	Drive			20	0817	7		United S	States	5	
	er de	Funeral	11. Marital Status	12. Was Decedanf Ev Armad Forcas?		5. 13	Was Deceda If Yas, specif	anf of H	lispanic Origin? (Si an, Maxican, Puert	pecify Yas or No o Rican, atc.)	Hac Blac	e - Amarica		١,
21215-0020	i within 72 hours after death with the Maryland liene. I then "naturel", or items 23e or 28e-f show The Medical Examinel must be notified at	by	1 ☐ Nevar Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 22 No If Yas, Giva Yaar or Datas:)		1 Yas 2	⊠ No	Specify:		Specify	Whi	te	
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and	be fill H	Be	17. Fathar's Nama (First, Middla, Last)						18. Mothar's Nan			10)		
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	LXUIIIIICI	_	rasulting in daath)	D	ua to (or	as e conse	equanca of):					İ		
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	h cert endin	M/us		J										
	deat de ett	sicie	Part II. Other significant conditions con	tributing to death but	nof rasul	ting In tha	undarlying cau	usa giv	an in Part I.	23b. Did	lobacco use cor	tribute to	the cau	e of death?
P.O.	law requires that the death ce as been signed by the ettendi s 2 should be deteched for us.	Physician/								10	Yes 2□ No	3 □ Prob	ably 4	Unknown
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0	Attending Physician: It death. sector: After this certific by the funeral director.	tlor	1 ØNatural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day')	rear)	Injury	м	c. Injun Worl	k? Yas 2 □ No	zoa. Dadonto	iow injury occurr	54		
Division of	of or Attendin setter death. I Director: Aff in by the fur	Iffice	3 Suicida 6 Could not be datarmined	28a. Place of Injury	y - At hon	na, farm, st	reat, factory,	office		28f. Location (S	Straet and Numb	er or Rural	Routa N	um <i>ber</i> ,
	rs efter al Dir	Certification:	4 Hornicida	building, afc.	(Specify)					City or Tov	m, Stata)			
3	To the Hospital within 24 hours e To the Funeral D completely filled I	edical	29a. Cartiflar 1 Certifying Phys (Check only one) 2 Medical Examin	iclan: To the best of a	xamınatıç	ledga, daat on and/or in	h occurred at	tha tim	na, data and place, pinion, daath occur	and dua to tha	causa(s) and ma data and place, a	nnar as sta	ted.	a(s)
	o the	Me	29b. Signatura and fitla of certifier	and mannar state	/				e number		29d. Dafe signed			
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		}	30. Narpe and addrass of person who co	mpleted cause of dee	th (Itam 1	23a) (Tuno	Print)		33357		October			
	35		Lee Jonathan	Musher		~ 6	320	De	mocrau	1 Bh.	1 Both	esd.	ma	20812
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** Month Yaar PIERCE ENTRE EUZABETH 26 0837A 1996 /Medical 4a. Facility Name (If not institution, giva street and number, 4b. City, Town, or Location of Daath 4c. County of Death Examiner Holy Cross Hospital Montgomery Silver Spring, If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** 1 ☐ M 2 💢 F Yrs. Director 71 474-20-0731 Minnesota Usual Residence of Decadent 10a. Stata 10b. County 10c. City, Town or Location ahow 10d. insida City Limits 10 20 Director 1 X Yas 2 □ No r than "natural", or items 23s or 28s-f the Medical Examiner must be notifie Maryland Montgomery Wheaton 10a Street and Number 10f. Zip Coda 10g, Citizan of What Country? 11413 Nairn Road 20902 United States Funeral 12. Was Dacedant Evar in U,S. Armad Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) Race - Amarican Indian, Btack, Whita, atc. 11. Marital Status 1 Naver Marriad 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Spacify: þ 3 Widowed 4 Divorced Specify: White Completed 15. Decedent's Education 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) (Specify only highast grada complated) Etamantary/Secondary (0-12) Coltage (1-4or 5+) 12 Homemaker Home 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) 88 2 should be it and Mental H is marked of 2 Conrad Thorson Martha Pederson 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straet and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum Vernon Pierce - Husband 11413 Nairn Road, Wheaton, Maryland 20902 20b. Placa of Disposition (Nama of cematary, cramatory or othar placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 10-29-96 Rockville, Maryland Parklawn Memorial Park re of Funeral Service Licers 22. Nama and Addrass of Facility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD 20904 Part 1. Enter the disease or complications that ceused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Physician Immediate Cause (Final disease or condition resulting in death) Examiner es e consequance of) Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury) Due to (or as a consaquance of): Box 68760 certificate be Physician/Medical that initiated events resulting in death) Last the Due to (or as a consequence of): 981 b P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown Records, by Completed 24b. Wera eutopsy findings available prior to comptation of cause of death? 24a. Was an autopsy performed? has 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was case referred to medical 26. Piece of Daath (Check only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☑ DOA this Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury st Work? 28d. Dascribe how injury occurred 28b. Time of Affac Attending 5 Pending investigation T- Natural s after death. 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) B 4 Homicide To the Hospital o within 24 hours at To the Funeral D Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the ceusa(s) end menner es steted.

Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceusa(s) and manner stated. Medical completely (Check only 29b. Signature and title of certifier 29c. Licansa number Ma 30. Name end addrass of person who complated ceuse of death (tram 23e) (Typa, Print) 2 20902 901 31. Dete filed (Month, Day, Year) 32. Radistrar's Signature State 2 8 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene 96 3413

								Cer	tificate of	Death	7		Reg. No.	0	04110
9.	Dhyala	ian	1. Decedent's Name (F									2. Date of D	eath	Voca	3. Time of Death
8 1	Physic /Medi				Mary Ve	ronica	Pre	te				Octobe	Day er 23, 1	Yaar L996	10:00 PM
))	Exami	ner	4a. Facility Name (If no	t institution, giv	re straet and nur	nbar)				4b. City, T	own, or L	ocation of Daa	th 4c. Coun	ty of Daath	
			Shady Grove			rsing (Cent	er			kvil			gome	ry
	Funeral Director		5. Social Sacurity Number 1054-09-486. Usual Residence of De	1	Sax I□M 2⊠F	7. Aga (In yrs.		Yrs.	If Under 1 Yaa Months Days		Min.	8. Data of Bi (Month, D Jan. 1	rth ey, Yeer) 4, 1919	9. Birth Cou New	place (Steta or Foreign intry) York
yland	MOH THE			b. County		10c. Ci	ty, Tow	n or Loc	ation						10d. Inside City Limits
e Mar	Sa-f st	Director	Maryland	Montgo	mery		Bet	heso	la						1 ☐ Yes 2 ☐ No
ath with th	1 23a or 2		10e. Street and Number 5808 Brad.		d.				10f. Zip Code	20814			10g. Citizen of		
UZU	th and Mental Hygiene. If Is marked other than "nsturs!", or items 23a or 28a-f show traumetic event, the Modical Exercinet, null be notified at	by Funeral	11. Marital Status 1 Never Married 3 Widowed 4		12. Was Dece Armed For 1 Yes if Yes, Giv Year or Da	ces? 2 🙀 No e	I,S.		/as Decedent of Yes, specify Cu ☐ Yes 2			ecify Yes or N Ricen, etc.)	Space	ack, Whita,	cen indian, , etc. hite
2 % S	nstur lical	ted		Decedent's Ed			16a.	Decede	ent's Usual Occu	pation			16b. Kind of E		
Z1Z15-0020 d within 72 hours of	than 'r	Completed	Elementery/Seconde		College (1	-4or 5+)	An		ind of work done O NOT use retir tical St				Army Tr	anspo	ortation
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Maryland d 2 should be file	Mental rked tic ev	To B	Vito Mamma	ano							na Fa				
lar 2 sho	and Is me		19a. informant's Name	Relationship (Type, Print)		19b	Mailing	Address (Stree	et end Numb	per or Run	al Route Numb	er, City or Town	n, Stete, Zij	p Code)
end Pro	Health em 27 I		Dominic A.		Husband		58	08 1	Bradley	Blvd.	, Be	thesda	Maryla	ind :	20814
			20a. Method of Disposit 1 X Buriai 2 ☐ Ci		Removal from S	20b. I	Place of cemeter	Dispos y, crem	ition (Neme of etory or other pla	oooct.	30,	Date 1996	20c. Location	- City or To	own, Stata
A Pa	ortant: ortant: Injury	n 1	4 □ Donation 5 □			Ar	lin	gton	Nation	al Ce	mete	ry			/irginia
Da mad	Department of Important: If it any injury or other		21. Signature of Funera	1 Da		M0019	98	Rol	Name and Addr Dert A. 557 Wisc	Pumph Pumph consir	irey 1 Ave	Funera:	L Home/	Cha	sda-Chevy ase, Inc.
//	ysician Medical aminer		23a. Part1. Enter the dishock, or heart fail					ot antei	the mode of dy Cancer	ing, such as	s cardiac	20814 or respiratory a	rrest,	1	Approximate interval Between Onsat and Death
		Jer	Todaking in dodary		Cere	Due to (cebrovas	or as a c	onsequar A	ence of): Accident					-	Years
y	and al-trensit	Examiner	Sequentially list condition if any, leading to immediate. Enter Underlyin Cause (Disease or injurtitation)	ons, diate	b. ———	Due to (d	or as a c	onsequ	ence of):					1	
do / du, ficete be ex	/siciar e buri		thet initiated events	g <	c	Due to (e									
Y Cent	nding physician and use as the burial-trensit	n/Medicai	rasulting in death) Last	l	d	Due to (o	1 45 4 6	onsaque	ance or):						
death	he atte	Physiciar	Part ii. Other significan	t conditions co	ontributing to dea	ith but not res	ulting in	the unc	lartying ceuse gi	van in Part	i.	23b. Did	tobacco use co	ontributa te	o the cause of death?
thet the	ned by t a detect	by Phy										10	Yes 2□ No	3 □ Pro	bably 4 🔀 Unknown
lew requires that the	as been signed by the atten s 2 should be deteched for u	Completed b											an autopsy ormed?	av co	ere autopsy findings railable prior to empletion of cause death?
The lew	page 2	Sol										10	Yas 2 No	1[☐Yes 2█ No
clan:	certificate rector, pag	Be	25. Wes case referred to examiner?		Mannital						e of Deeth	(Check only	one)		
P. P.	this cral dir	.T	1 Yas 2 No 27. Manner of Deeth		Hospital: 1 ☐ in 28a. Date of		ER/Out		3LI DON				dence 6 DOt		y)
Bulging	or: After	ation	1 ☑ Naturei 5 2 ☐ Accident	Pending investigation	(Month	Day Year)	28b. T	ime of jury	28c. inju Wo M 1	ryat ork?]Yes 2 □		28d. Describe	how injury occur	red	
To the Hospital or Attending Physician:	within 4.4 flours after obern. To the Funerel Director: After this certifica completely filled in by the funeral director, director,	Certification:	3 ☐ Suicide 6 6 4 ☐ Homicide	Could not be determined	28e. Place o	f Injury - At ho g, etc. (Specif	ome, far	m, stree	t, factory, office			28f. Location (City or To		ber or Rura	al Route Number,
he Hospi	he Funer pletely fill	edicai	29a. Certifier 1 X (Check only 2 one)	Certifying Phy Medical Exam	rsician: To the b iner: On the bes and manne	is of exemina	wledge, tion and	death o	occurred at the ti stigetion, in my	me, date an opinion, dea	nd plece, a ath occurre	and due to the ed at the time,	cause(s) end m dete and place,	anner as si and due to	teted. the ceuse(s)
Tot	Tot	ž	29b. Signature and tele	certifier	00	0	,	1	29c. Licen:		0.0		29d. Data signe	d (Month,	Dey, Year)
			1 -ta	varon	-01-	Kat	M	1)	D3	57	72		Octobe	r 24,	1996
-	10		30. Name and eddress of											1.7	
			Swaroop G.	као, М.	ນ. 50	West E	dmoı	nsto	n Drive	, #50	4 Ro	ckvill	e, Mary	land	20852

32. Registrar's Signatura

DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Day, Year)
OCT 2 5 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar OBERSON IAK Y OCI 1996 Heffner /Medical 4a. Facility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 8. Data of Birth (Month, Dey, Yi Adventist Hospital

6. Sax | 7. Aga (In yrs. last birthday) Washington
5. Social Sacurity Number Takoma If Undar 1 Year If Undar 24 Hrs. Montgomery

9. Birthplaca (Stata or Foreign **Funeral** Year) 1898 USA/ 1□M 2|2 F Days Hours Yes 98 Director 579-34-2330 Usual Rasidence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Examinar must be contained and show. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 DeYas 2 □ No Director MD Montgomery Takoma Park 10e. Straat and Number 10f. Zip Code 10g. Citizan of What Country? 702 Sligo Creek Parkway 20912 USA Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2€ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 ☐ Navar Married 2 ☐ Marriad 1 ☐ Yas 2 No Specify: þ Specify: white 352 Widowad 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada complated) Elemantary/Secondary (0-12) Collega (1-4or 5+) housewife homemaker Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Surnama) Be John Heffner Addie Welling 2 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 2601 Dawson Ave. June Bodmer Silver Spring, MD 20902 20a. Mathod of Disposition Burial 2 Cremation 3 Ramoval from Stata Monocacy 4 ☐ Donetion 5 ☐ Othar (Specify) 10/28 Beallsville 21. Signatura of Funaral Sarvice Licansas 22. Nama and Addrass of Facility Hilton Funeral Home 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha shock, or heart feliure. List only one ceuse on each line. Approximata Intanal P Onsat and Death **Physician** /Medical Immadiata Causa (Final disaasa or condition rasulting in death) Examiner Examiner The law requires that the death cartificete be executed Sequantially list conditions, if any, laading to Immadiata causa. Entar Underlying Ceusa (Diseasa or injury that initiated evants resulting In daeth) Last and Division of Vital Records, P.O. Box 68760, the attanding physiclan Physician/Medical ha Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 200No 1 Yes 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Wera autopsy tindings available prior to complation of causa of death? hes cartificata the Hospital or Attending Physician: 25. Was cesa retarred to medical Be 26. Piaca of Death (Check only ona) axaminar? Hospitai: 210 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) P 1 Yas 2 ER/Outpatient 3□ DOA Inpatient this Certification: 27. Mannar of De 28d. Dascribe how injury occurred 28b. Tima ot 28c. Injury at Work? After 1 Naturai 5 Panding daath. 1 ☐ Yas 2 ☐ No 2 Accident invastigation within 24 hours after death To the Funeral Director: complately filled in by the 6 Could not be datarminad 3 Suicida 28e. Place of Injury - At homa, farm, straat, fectory, office building, etc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred et tha tima, data and place, and due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceusa(s) and mannar statad. 29e. Certifier Medical 29b. Signatura and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number 30. Nama and address of person who complated ceuse of death from 23a) (Typa, Print) Carroll Une. 7610 1 alron 31. Data tiiad (Month, Dey, Yaar) 32. Registrar's Signatura State De Savelyar NOV 0 Registrar

DHMH 16 Rev 6/95

96-6155-013 ITEM: 28d, PER Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. MED FILM g-743 1/13/97 t.t State of Maryland / Department of Health and Mental Hygiene FilmG742 item 23,27,28abcdef per ME 12-27-96 Gertificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Day RANDALL LORETTA EVELYN 26, 1996 OCT. 1100 AM /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CARROLL COUNTY GENERAL HOSPITAL CARROLL WESTMINSTER 5. Social Securify Number If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplece (State Country) 7 / 1 4 / 1 9 1 8 MARY: AND 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) . Funerai Months Days Hours 1 M NOKE 218-03-4989 78 Yrs. Director Usual Residenca of Decedent the Marylend 10a State ma 23a or 28a-f show 10b. County 10c. City, Town or Location 10d. Inside City Limits CARROLL FINKSBURG 1 Yes 2 No Director MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA. 21048 3203 OLD WESTMINSTER PIKE daath Funeral Harra 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. "natural", or itan filed within 72 hours efter 1 ☐ Never Married XXMarried 21215-0020 1 ☐ Yes 2 No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) STATE HOSPITAL LAUNDRY 12 7 is marked othe traumatic evant, altimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Pagas 1 end 2 should be nent of Health end Mental 2 CHARLES M. FISHER MERLE 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1 1 5 8 19a. Informant's Name/Relationship (Type, Print) Department of Health en Important: If Itam 27 is any injury or other trau PATRICIA L. BANKERT -DAUGHTER 1636 PINCH VALLEY RD., WESTMINSTER, 20a, Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FINKSBURG CEMETERY10/30/96 FINKSBURG, MD. 22. Name and Address of Fecility FLETCHER FUNERAL HOME 21. Signature of Funeral Service Licens 21157 254 E. MAIN ST., WESTMINSTER, MD. 23a. Part1. Enter the disease, or complications that count of the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervai Between Onset and Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) a. HEAD INJURIES COMPLICATED BY Examiner Due to (or as a consequence of) Examiner PULMONARY THROMBOEMBOLISM The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last pue Due to (or as a consequenca of): Physician/Medicai use as the Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed b þ Completed 24a. Wes an autopsy performed? 24b. Were autopsy findings eveilable prior to peen completion of ceuse of death? this certificate has Yes 2□ No 2 No Attanding Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient ZEER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 XXYes 2 □ No spital or Attanding Physhours efter death.
neral Director: After this y filled in by the funeral di 28a. Date of Injury (Month, Day Year) 10-15-96 Certification: 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1 Natural 5 Pending Investigation Injury UNKNOWN 1 ☐ Yes MINO 2 Accident hathtuh subject fell unknown 6 Could not be 3 ☐ Suicide Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State Arroll Co. MD. 1234 Washington Blvd, Westminster 4 Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled in home 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the ceuse(s) and menner es steted.

**Difference of the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier

P.O. Box 68760, Records. Division of Vital

> State Registrar

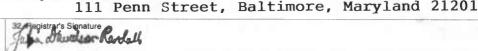
31. Dete filed (Month, Day, Year) OCT 2 9 1996

headon

THEODORE M.KI.

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signature and title of certifier



10

29c. License number

O.C.M.E

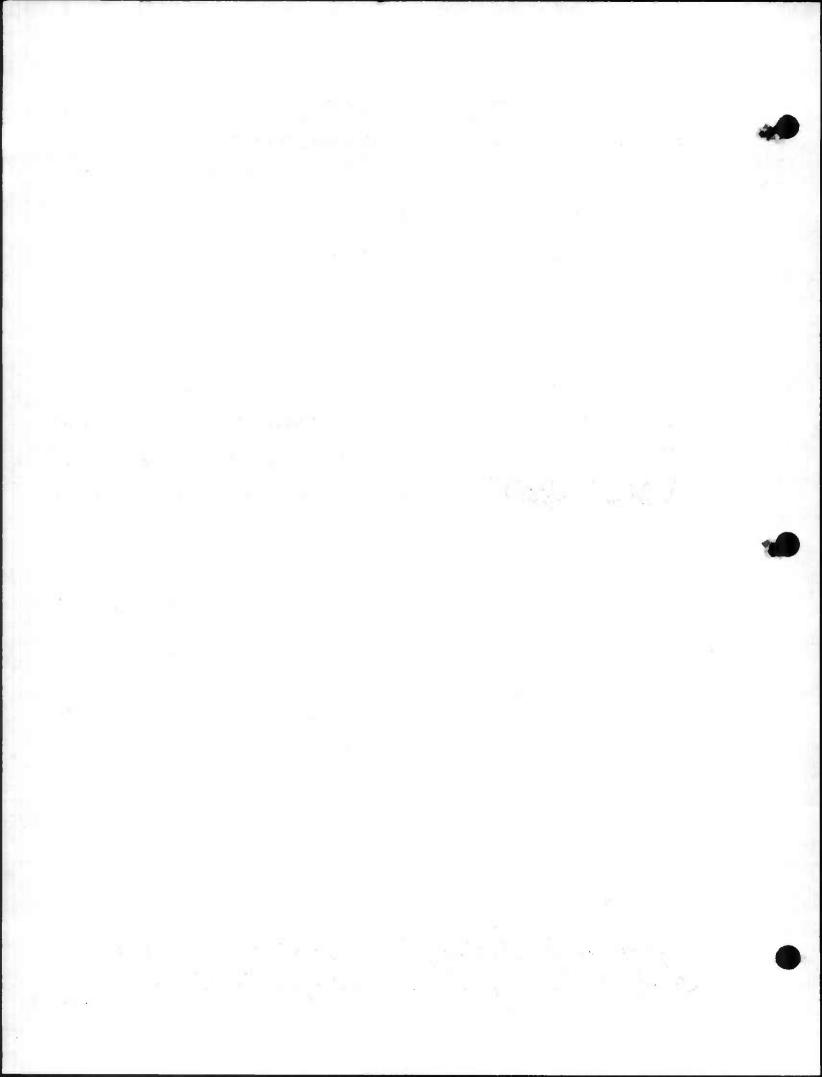
29d. Date signed (Month, Day, Year) OCT. 27. 1996

8 Story May Staryer

State of Maryland / Department of Health and Mental Hygiene

34116

						Cert	ificate of	Death			Reg. No.		07110
	Physic	ian.	1. Dacedant's Nama (First, Middla, Last		D	D	TDCNUA	v		2. Date of Dea	ath Day	Year	3. Tima of Death
	/Medi	cal	An English Name (fine) has been a	ETHEL	r.	K	IDGAWA			OCT. 3	31, 199	96	8:50 PM.
6	Exami	ner	4a. Facility Nama (If not institution, giva CARROLL LUTHER)	AN VILLA				WES	TMIN	cation of Daath STER	CARI	ROLL	
1	Funeral		5. Sociel Security Number 6. Se 11	x 7. Age □M 2XF	a (In <i>yrs. last birtl</i> 97 Y	rs.	If Under 1 Year Months Deys		Min.	8. Date of Birt (Month, Day	h y, Year)		olaca (Stata or Foreign htry)
	Director		Usual Rasidance of Dacadant		<i>31</i>					FEB. 25	, 1899	MA	RYLAND
	ath with the Merylend 23a or 28a-f show ust be notified at	ctor	MD. CARROLI	L	10c. City, Town WEST!							1	0d. inside City Limits 1X Yes 2 □ No
	or 28	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Cour	itry?
	ath w		138 A Willis St				21157				USA.		<u>.</u>
020	72 hours efter death with the Merylend "natural", or items 23s or 28s-f show oddes! Examiner must be notified at	by Funeral	11. Meritel Status 1 Navar Merried 2 Married 3 Widowed 4 Divorcad	12. Was Decedant I Armed Forces? 1 Yes 25 M ff Yes, Giva Yaar or Datas:		if	as Dacedant of I es, specify Cub	en, Maxica	n, Puarto	ecify Yes or No- Rican, etc.)		ca - Americok, Whita,	
Maryland 21215-0020	within 72 ho ene. than "natur	Completed	15. Decedant's Edu (Specify only highast grad Elementary/Secondary (0-12)	cation e completed) Collega (1-4or 5		(Giva kii	nt's Usual Occup nd of work done NOT usa ratire	during mos		ng	16b. Kind of B		
d 2	D D -		1 2 17. Fathar's Nama (First, Middla, Last)	<u> </u>			ноо	SEWI]		(First Middle	HOME I		.VG
lan	Mentel Hy arked other atic event,	To Be		ILLIAM E	DWARD :	PAU:	L		MILY		LLIS	1107	
lary	d 2 should th end Men 7 Is marke traumatic		19a. Informant's Name/Relationship (T)	rpe, Print)	19b.	Malling	Addrass (Stree	t and Numb	er or Rura	I Routa Numbe	er, City or Town	, Stata, Zip	Code)
e, N	f Heeith Item 27 other tr		HELEN R.BOUIS	-DAUG	HTER 1			IS S'	r.,W				
Baltimore,	Pages nent of h unt: If its		20a. Mathod of Disposition XXBurial 2 ☐ Cramation 3 ☐ F	Removel from Stata	cematary	, crema	tory or other pla		11/1	Data / O.C.	20c. Location		
Ħ	교원를		□ Donation 5 □ Other (Specify) 21. Signature of Suneral Service Lipogs	90/ _ /	DRUID		DGE CE		11/1	·	PIKESV: R FUNE		·
ä	Depa impo any lo		Dhow ! t	112			4 E. M						21157
	-		23a. Part1. Entar tha disease, or compl shock, or heart failura. List only	cations that caused	the death. Do no								Approximete Interval Between
Λ	Physician /Medical												Onset and Death
1	Examiner		Immediate Cause (Final disaese or condition rasulting in daath)		75C1)						
	ATTE	ner			Dua to (or as a co	onsequa	ince of):						
,0	ertificate be executed Jing physician and se es the burial-transit	i Examiner	Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaase or Injury	0. —————	Due to (or as a co	onseque	nnce of):					1	
68760,	cate b	Medical	that initiated evants rasulting in death) Last	3	Dua to (or as a co	nseque	nce of):						
×	certifi ding se es			d								i	
. Bo	death e atter	Physician	Pert II. Other significant conditions cor	ntributing to death bu	it not resulting in	the und	advino causa ni	van in Pert		23b. Did t	ohacco usa co	ntribute to	the cause of death?
0	by th	Phys		,							Yes 2□ No	3 □ Pro	1.
Ś	8 E 8	by	Demonya,	ricarii	19 12	pa	urmen	1/				T 041 111	
Sor	requestion to the second	Completed	Dementia, Vision in	pairm	ent	05	toar	Hiri	4is	24a. Wes	an autopsy med?	av	ara autopsy findings eilable prior to impletion of cause
Division of Vital Record	S 00 CA	dwo								10)	as 2 No		daath? ⊒Yas 2⊡ No
ta		BeC	25. Was casa refarred to medical					26. Place	e of Death	(Check only o	Δ		1 182 ST 140
<u>></u>		To	TILI TAS ZININO	lospital: 1 🗆 Inpatia	nt 2 ER/Out	patient	3LI DOA		ursing Hor	ma 5□ Rasio	dance 6 □Oth	nar (Specil	у)
E C	ling P. Aftart funere	ion:	27. Maprier of Death 1 □ Natural 5 □ Panding	28a. Data of Injur (Month, Day		ma of jury	28c. fnju Wo	rya(` ork?]Yas 2 □		28d. Dascribe h	now injury occur	rred	
/ISI	Attending ir death. ector: Aftai by the fune	ficat	Accidant invastigation 3 Suicida 6 Could not be datamined	28e. Place of Inju	ırv - At homa, farı	m, strea) 185 Z		28f. Location (S	Street and Numi	ber or Rura	al Routa Number,
á	s aftar	Certification:	4 Homicide	building, afc	. (Specify)					City or Tow	m, Stata)		
	To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: Aftar th completely filled in by the funeral	edical	29a. Cartifier (Check only one) 16 Certifying Physical Examination (Check only one)	ner: On the best of and mannar sta	axamination and	daath o /or inva	ccurred at the ti	ma, date ar opinion, das	nd place, a ath occurre	and dua to tha dead at the time, d	causa(s) and m data and placa,	annar as s and dua to	tated. o tha causa(s)
	To the com	Σ	29b. Signetura end titla of cartifler	100	1	1	29c. Licens	se number	Date: 4		29d. Data signe		,
			James V	Apre	berg,	W	D 3) 33.	52/		11-1	-94	
			30. Name and address of person who co	mpleted causa of da	aath (Itani 🕮) (T	ype, Pr	11)ach	inal	- /	20 11	lectur!	act.	MAA
	Sta	te	31. Data filed (Month, Day, Year)	32 Magnitra	r's Signature	9 4	009380	7	77 /(9. 00	-3/000	7/4	, ms)
	Registr	ar	NOV 04 19	396 Jam	diuskari	arda	Ц						



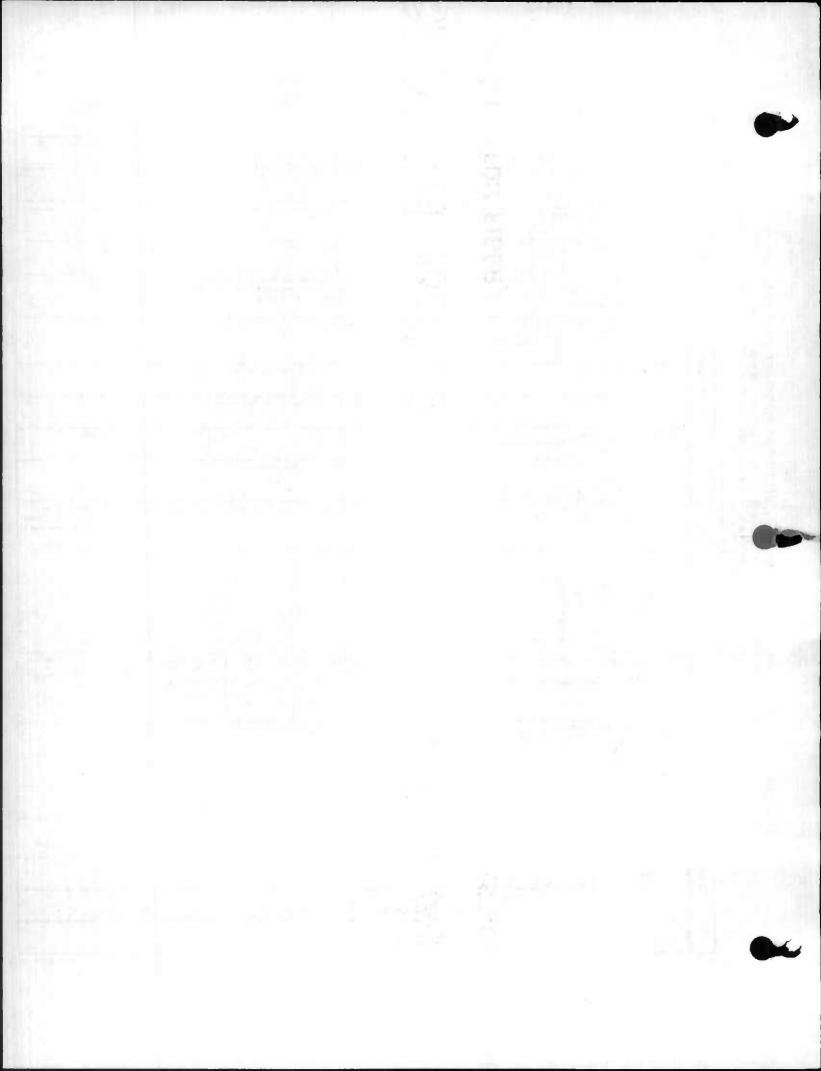
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any our after death, Page 6 may be retained by the hospital or attending physician. O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to builla, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF		MENTAL HYGIE		, 01111				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Georgeanna		inson			11		96 10:45 PM				
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Oct. 2.0		BIRTHPLACE (State or Foreign Country)				
	217 11 0017	1 □ M 2 ဩ F	74 YRS.					Maryland				
Œ	9e. FACILITY NAME (If not institution, give str				OR LOCATION OF D	EATH	9c. COUNTY					
5	Egle Nursing Hom	<u>e</u>		Lona	coning		Alle	gany				
DIRECTOR	10a. STATE 10b. COUNTY	71	10c. CITY	TOWN OR LOCA	TION	- 102		10d. INSIDE CITY LIMITS?				
		gany	Mo	Coole				1 X YES 2 NO				
RAL	100. STREET AND NUMBER			10	N. ZIP CODE			OF WHAT COUNTRY?				
FUNERAL	103 West St.	12. WAS DECEDENT EVER IN	III C ADMED	T so was no	21562	110 Onionis m - 14 1		d States				
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	es or No — 14.	. RACE — American Indien, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during m	ON ost of working	16b. KIND OF B	USINESS/INDUS					
P.	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)	Rank	Loan Of	ficer	Banki	no					
S O	17. FATHER'S NAME (First, Middle, Last)		Dellik	tioon of	_	AME (First, Middle, Maide						
BE C	Ernest William	Robinson			Majo	ry Liller						
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn, State, Zip Co	de)				
F	Ada Lee Wells		5807	31 St.	Ave. Hya	ttsville.	Md. 20	782				
	20e. METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Remo		PLACE AND DATE O	her plece)			OCATION — City					
	4 Donation 5 Other (Specify)	FNSFF /	Ph		METERY ND ADDRESS OF FA	11-9-96	Western	port, Md.				
	· Warnel	Bonl		Boal	Funeral	T Home St. Wester	nport.	Md.				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory errest, shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final											
		OF.						1				
NO N	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	SIS				o ans.				
¥	If any, leading to immediate cause. Enter UNDERLYING			,.								
드	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	9										
	PART II. Other algnificant conditions	contributing to deeth b	ut not resulting i	n the underlyle	g ceuse given in	Part I. 24e, WAS	UN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
CAL	advanced	Damer				PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
요					-	1 TES	2 N NO	OF DEATH?				
2				-				1 1E3 2 NO				
¥	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C	heck only one)						
Sic		HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	IED				
BY	Netural 5 Pending 2 Accident Investigation				YES 2 NO							
COMPLETED	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 286. LOCATION (Street and Number or Rural Route City or Town, State)											
P.	29e. CERTIFIER (Check only	IAN: To the best of my know	ledge, death occurre	d at the time, dat	e end place, end du	e to the cause(s) end m	enner as stated.					
S S	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.											
BE C												
6	Filmole	LAMO			10070	04	1 11	17196				
	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) L.R. MILES, J.R., M.D. 57 JACKSON ST. LONACONING MD 21539											
5	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN										
	NOV 0 8 1996	purious distribution	car-sus-couls									





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Bimland 4 1996 4c. County of Death JNNE Oct 56 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner TAKOMA PARK If Under 24 Hrs. 8. WASHINGTON ADVENTIST HOSPITAL MONTGOMERY If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** 1□M 2□F Months Days Hours Min. Yrs. Director 353-09-8763 JULY 4, 1902 MINNESOTA Usual Residence of Decedent with the Maryland 10a. State 10b. County thm 27 is marked other than "netural", or items 23e or 28e-f show other treumstic event, the Medical Examiner must be notified at 10c. City. Town or Locetion 10d. Inside City Limits 1∰ Yes 2□ No Director ILLINOIS COOK CHICAGO 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6157 NORTH SHERIDAN ROAD Funeral 60660 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Year or Dates: WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages I and 2 should be filed within Department of Health and Mental Hygiena. Important If Item 27 is marked other than any injury or other traumeth. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 JOSEPH SIGEL (UNAVAILABLE) 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JACK RIMLAND (SON) 3300 NORTH LAKE SHORE DR, CHICAGO, ILLINOIS 60657 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, crematory or other place) 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) WESTLAWN CEMETERY 10/27/96 NORWOOD PARK, IL 21. Signature of Funeral Service Licensee 22. Name and Address of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC 1170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, Approximate approximate Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in death) Last attending physicien and for use as the buriel-tren Due to (or as a consequence of) Due to (or as e consequence of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evailable prior to Completed 24e. Was an autopsy completion of ceuse of death? 1 ☐ Yes 2 ☑ No 1 Yes 2 No or Attending Physician: 25. Was cese referred to medicel examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manper of Death Date of Injury (Month, Day Year) 28c. Injury st Work? 28d. Describe how injury occurred After 1 Natural 5 Pending investigation To the Hospital or Attending within 24 hours effer deeth. To the Funeral Director: Aft completely filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) and manner as stated.

Medical Examiner on the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only 29b. Signature and titl 29c. License number 29d. Dete signed (Month, Day, Year) 10 30 Maine and address of per g completed ceuse of deeth (Item 23a) (Type, Pript) Advertist Hospital, 7600 Carroll Ave. Tolloma LAPETINA. ernando Washington 31. Date filed (Month, Day, Year) 32. Registrar's Signature Luka Savids 2 9 1996

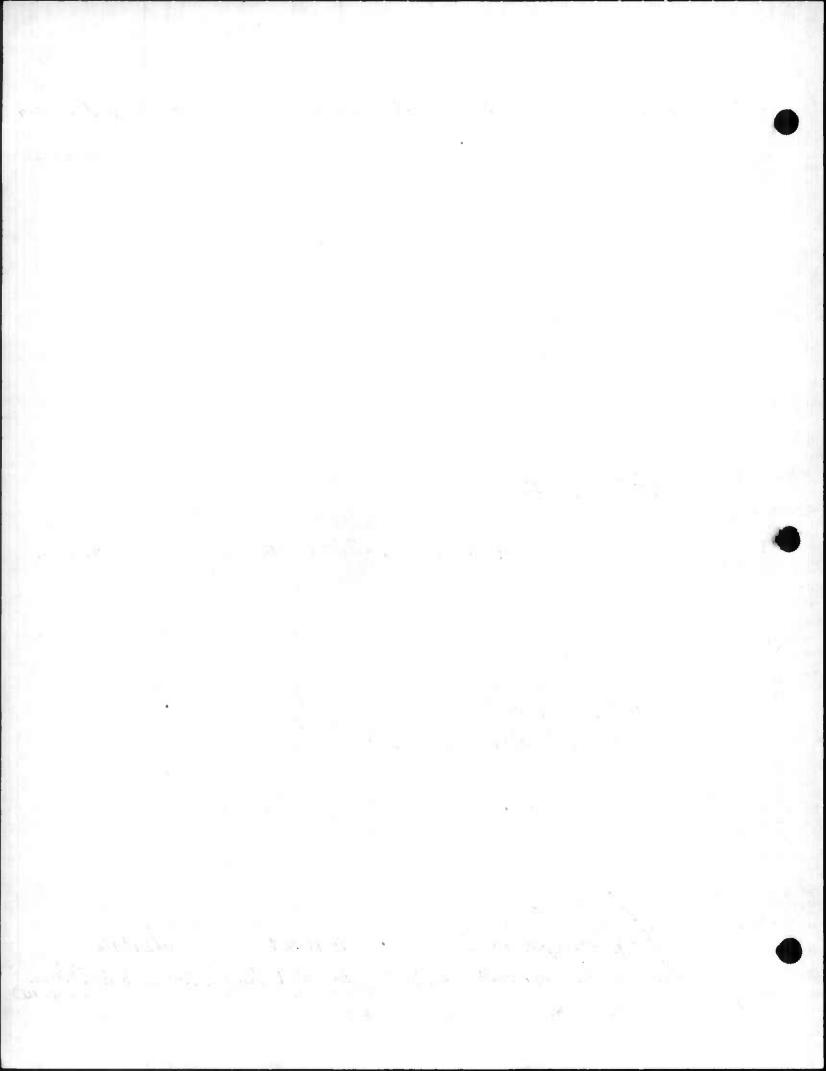
Registrar DHMH 16 Rev 6/95

Box 68760

P.O. I

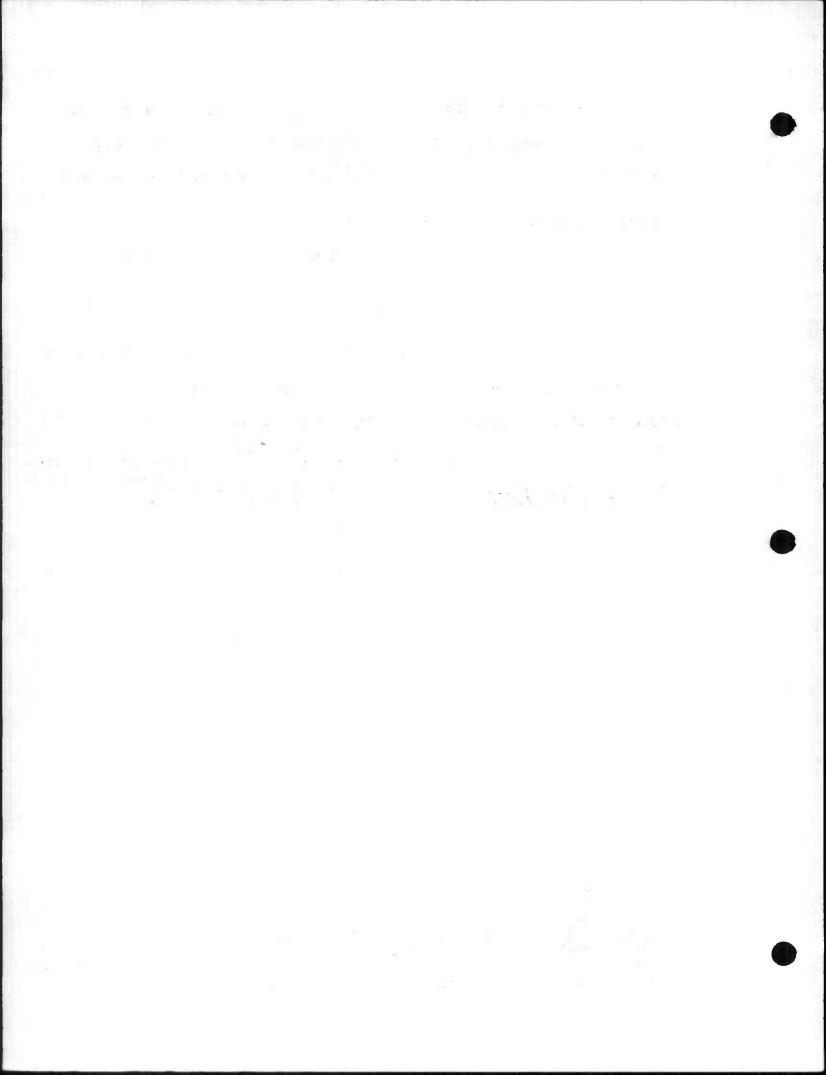
Records,

Division of Vital



State of Maryland / Department of Health and Mental Hygiene

				Otate of M	aryland / De	Certificate				g. No.	34119
	Physic	ion	1. Decedent's Neme (First, Mide					2. Dete	of Deeth	Dey Yee	3. Tima of Deeth
	Physici /Medi		Mary	Frances Robe	rson			Octo		29, 1996	6:25AM
Ä	Examir		4e. Fecility Neme (If not instituti	lon, give straat end number)			4b. City, 7	Town, or Location o	f Deeth	4c. County of De	ath
				General Hos		Millada d	011			Montgom	
	Funeral Director		5. Social Security Number 220-26-7015 Usual Residence of Decedent	6. Sex 7. Ag	ge (In yrs. lest birtho	Months	Deys Hours		of Birth oth, Dey,		irthplece (Steta or Foreign Country) ryland
	/land		10a. Stata 10b. Count	ty	10c. City, Town o	or Location					10d. Inside City Limits
	death with the Maryland ma 23a or 28a-f show	ţċ	Maryland Mont	gomery	Silv	er Spri	ng				1 ☐ Yes 2√☐ No
	or 28	i e	10e. Street and Number			10f. Zip (Code		10	g. Citizen of What C	Country?
	23a	ia	10201 Day Aven	ue			0910			nited Sta	ites
020	or its	by Funeral Director	11. Maritel Stetus 1 □ Navar Married 2 Ma 3 □ Widowed 4 □ Divorce	If Yes Give	Evar in U,S.	13. Wes Decede If Yas, specif		origin? (Specify Yas an, Puerto Rican, e y:	or No-	14. Race - An Bieck, Wh Specify:	narican Indien, nite, etc. White
9	72 hours "natural",	ted	15. Decede	ent's Education	16e. D	ecedent's Usual	Occupation	at or heaven	1	6b. Kind of Busines	
21215-0020	d within 72 ho jiena. r than "natur the Medical	Completed	(Specify only high Elementery/Secondary (0-12)	est grade completed) College (1-4or	5+)	ecedent's Usual Give kind of work fe. DO NOT usa		ost of working			
	led wi	Con	5		Of	fice Cl			_	-	ng Company
Maryland	s 1 and 2 should be filed v f Haelth and Mantal Hygie Item 27 is marked other to other traumatic event, the	Be c	17. Fether's Neme (First, Middle	· ·				har's Neme (First, i			
Z	2 should and Ma is mark aumatic	To	19e. Informent's Name/Reletion	e R. Embrey	19b. N	Meiling Address /		Beulah A.		City or Town, State	Zin Code)
	Cl a m a		Wallace R. Rob							g, Maryla	
ore,			20e. Method of Disposition			isposition (Neme cremetory or oth			2	Oc. Location - City of	
Ë	Pages nant of ant: If it		1 Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (1 Memor				alls Chur	ch, Virginia
Baltimore,	permit. Pages 1 and Department of Haelth Important: if item 27 any injury or other tr once.		21. Signature of Funerel Sarvice	2-Kutta	M00348	22. Neme end Rockvil Rockvil	Addrass of Facile, Inc.	Robert 300 W.		umphrey E	Tuneral Home/ Evenue,
			23a. Part1. Enter tha disaase, of shock, or heert feilure. Lis	or complications that causas st only one cause on each li							Approximata Intervel Between
	Physician /Medical Examiner		Immediate Ceuse (Finel disaasa or condition resulting in deeth)	Res	Jerato	nu	Seil	wo			Onset end Death
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	uted d ansit	Examiner	Convention the tips and dis-	P. Oru	Due to (or es a cor	(Q	Coon	y Kon	XUV	e .	40
ó	tficata be axecuted ig physician and as tha bunal-transit	Еха	Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieted events	Chra	Number (0) es a col	2 De 1	RADIA		no.	n din-	100000
68760,	ata be hysici tha bu	edicai	that initiated events resulting in death) Lest	6.	Due to (or as a cor	nsequance of):	Mars.	was B	w 11	", CWXC	the alone
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P.O.	es that tha death car igned by tha attendin be datached for usa	Physician/N	Part II. Other significant condit	iona contributing to death b	ut not rasulting in th	na underlying car	use given in Per	t i. 23			te to the cause of death?
	s that med b	by P							I L Ye	s 2□ No 3□	Probably 4 Unknown
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Vital	Physician: The this cartificata ral director, pag	Be	25. Wes case refarred to medical exeminer?					ce of Deeth (Check	only one)	
o	this aldi	. To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	Hospitel: 1 Dempation 1 28e. Dete of Injuried						nce 6 Other (Sp	pecify)
0	dlng th. Aftar fune	tlon	1 Neturai 5 ☐ Pend		y Year) Inju	iry M	c. Injury et Work? 1 ☐ Yas 2 [scribe nov	w injury occurred	
Division	Attanding ar death. ector: Aftai by the fune	Certification:	3 Suicide 6 Could	t not be	ury - At home, ferm c. (Specify)	, street, fectory,		28f. Loc			Rural Route Number,
	tal or rs afte al Dir led in	Cerl	4 LI TOTTICIO	building, et	с. (Эреспу)			City	or Town,	31616)	
	To the Hospital or Attanding Physician: within 24 hours aftar death. To the Funeral Director: Aftar this cartific complataly filled in by the funeral director.	edical	29e. Certifier 1 Certifyi (Check only one) 2 Medica	ing Physician: To the best il Examiner: On the basis of end menner st	axaminetion end/o	eeth occurred et or invastigetion, in	the time, dete en my opinion, de	end plece, end due eeth occurred et the	to the cer time, da	use(s) end menner te end placa, end d	es steted. ue to the cause(s)
	To t	×	29b. Signature and title or certific	00) mac	29c.	Licensa number) - C	29	d. Dete signed (Mo	nth, Dey, Year)
				SOM	T INM	2 4	XX 5	8004	1	0-20	1-461
	10		30. Name and address of persor	who completed cause of d	eeth (Item 23e) (Ty	rpe, Print)	and	N NIMI	0	ALL	20832
	Sta	31. Data filed (Month, Dey, Year) 32. Regisfrar's Signature									
	Sta Registr		OCT 3		ha Davidson	-Mandall					



State of Maryland / Department of Health and Mental Hygiene 96

34120

							Cer	tificate of	Death	Re	g. No.	0	07120
П	Dhusis	ia-	1. Decedent's Nema (First, Mic	idle, Last)						2. Date of Deeth Month		Voor	3. Time of Deeth
J	Physic /Medi		Llo	yd	L.	Rush				October		996	7:25 AM
	Exami		4a. Fecility Name (If not institut						4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth	
L			5309 Randolph	Rd.	Apt.	1			Rockvill		Mon	tgome	ery
	Funerai Director		5. Sociel Security Number 169-26-6041 Usual Residence of Decadent	6. Sex 1281 N	M 2□F	7. Age (In yrs.	lest birthdey) Yrs.	If Under 1 Year Months Deys		8. Date of Birth (Month, Day, NOV • 20,	Year) 1935	9. Birthp Cour	plece (State or Foreign htry)
	/land		10e. Steta 10b. Cour	ty		10c. Ci	ty, Town or Loc	ation				1	Od. Inside City Limits
	Mary Hash	to	MD. MON	TGOME	RY		ROCK	VILLE					1∭ Yes 2□ No
	r 28a	Funeral Director	10e. Street end Number	120012			11001	10f. Zip Code		10	g. Citizen of \	Whet Cour	ntry?
	3a o	0	5309 RANDO	LPH R	m. #1			208	352		II	S.A.	
	deat	ner	11. Marital Status		. Was Dece	edent Ever In U	J,S. 13. W		Hispenic Orlgin? (Spoen, Mexicen, Puerto	ecity Yes or No-	14. Red	e - Americ	en Indien,
21215-0020	filed within 72 hours after death with the Maryland Hygiene. "natural", or itema 23a or 28a-f show ont, the Medical Examinar must be notified at	by	1 Never Married 2 MAN 3 Widowed 4 Divorce		Armed Fo 1 Tes If Yes, Giv Year or D	2X No		Yes, specify Cut		Hican, etc.)	Specify	ok, Whita, /: WI	etc.
5-0	72 h	Completed	15. Deced (Specify only high	ent's Educat			16a. Deced	ent's Usuel Occu	petion	ring 1	6b. Kind of B	usiness/In	dustry
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	filed with Hygiene. ther than	S			3			PAINTER					INTING
Maryland	8 E 5 ×	Be	17. Fether's Name (First, Middl						18. Mother's Nem	e (First, Middle, M	aiden Sumen	16)	
yla	should be ind Mental marked o	2	EDGAR		USH				IRENE	FO FO	LLINGE	R	
Jar	2 6 6 5		19a. Informent's Neme/Reletion	nship (Type	, Print)		19b. Mailing	Address (Stree	t end Number or Rui		City or Town,	State, Zip	Code)
	en salt		DIANA RUSH	/ WIF	E			AME AS	ITEM #3	.0			
Baltimore,	Pages 1 nent of He int: If iten		20a. Method of Disposition 1 ☐ Buriel 2 Typ Cremetion	3 □Ren	noval from		Plece of Dispos cemetary, crem	ition (Name of atory or other ple	ece)	Date 2	0c. Location -	City or To	wn, Stete
Eim	Pa men ant:		4 □ Donetion 5 □ Other	(Specify)			HAMBERS	CREMATO	DRY 1	0/29	RIVER	DALE.	MD.
Sali	permit. Page Department (Important: If any Injury or		21. Signature of Funeral Service	e Licensee	1	0	22.	Name end Addre					
	20599		MAL G	anu	use	MOC MOC	0091 W	. W. CHA	MBERS CO.	. RIVERD	ALE. M	D. 20	737
			23a. Pert1. Enter the diseese, shock, or heert feilura. Li	or complication	tions thet co	eused the deel	th. Do not ente	r the mode of dy	ing, such es cerdiac	or respiratory erres	st,		Approximete Intarval Between
Я	Physician	Н		,	,		•						Onset end Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition		(2009	(00	CLI				1	other y
В	Exammer	L.	rasulting in deeth)	0		Due-do (or es e consaqu	ience of):					
-	p ti	Examiner		- h									
	and trans	cam	Sequentially list conditions,	0		Due to (d	or es e consequ	ence of):					
30,	sian s		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Diseese or Injury	J .									
68760,	certificate be executed iding physician and ise as the buriel-transit	Medical	thet initieted evants resulting in death) Lest	0		Due to (c	or es e consequ	ence of):				1	
	ing e a			L									
Box	death certific e attending pl ed for use as t	lan/		d									
	0 0 2	Physician/	Pert II. Other significant condit	lone contrib	outing to de	ath but not res	ulting in the un	derlying cause gi	iven In Pert I.	23b. Did tob	acco use co	ntribute to	the cause of death?
P.0	at the d by the letache									1 🗆 Ye	8 2□ No	3 Prol	bably 4 Unknown
S,	as ng	þ									-		
Records,	requir been si should	Completed								24a. Was en perform	eutopsy ed?	eve	ara autopsy findings elleble prior to
ec	S S	pjd										of	mpletion of cause deeth?
=	E Se	5								1 ☐ Yes	2 X No	10	Yes 200 No
Viital	Physician: The this certificete ral director, pag	Be	25. Was cese referred to medio exeminer?	al					26. Pleca of Deet	h (Check only one)		
of	hysic Il dire	ဥ	1 Yes 25 No	Hos	pitel: 1 🔲 li	npatient 2 🗆	ER/Outpatient	3□ DOA Ot	her: 4 Nursing Ho	me 5 Resider	ice 6 🗆 Oth	er (Specif	1)
ם	fer th		27. Menner of Deeth 1 Naturel 5 □ Pend		28e. Dete d	of Injury h, Dev Year)	28b. Time of injury	28c. Inju Wo	ry et ork?	28d. Describe how	v Injury occur	red	
Division	Attanding or deeth.	Certification:	2 ☐ Accident Inves	tigation					Yes 2□No				
Ž	or Attu	tff	3 ☐ Suicide 6 ☐ Coule 4 ☐ Homicide deter	not be mined		of Injury - At he		et, fectory, office		28f. Location (Stre		er or Rure	I Route Number,
	tal or rs efte al Dir led in	Cer			ound.	ig, etc. (Opcon	,,			ony or rown,	Olaloy		
	To the Hospital or Attanding Physician: within 24 hours after deeth. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	29a. Certifier (Check only one) Certify	ing Physici I Examiner	en: To the : On the ba end mann	sis of axamina	wledge, deeth tion and/or inve	occurrad et the ti estigetion, in my o	me, dete end plece, opinion, deeth occur	end due to the ceu red at tha tima, dat	use(s) end me e end plece,	nner es st and due to	atad. the ceusa(s)
	Tot	Σ	29b. Signature end title of confir	# //	1.1	(1)	000	29c. Licens	se number	29	d. Date signe	d (Month,	Dey, Year)
			ON	/ /	Wh	Wa	177) ()	536X	6 0	CT. Am	36	1996
	3		30. Nema and address of person	n who comp	lated cause	of daeth (Itan	23e) (Type, P	rint)	, , ,	9 0	-1.04	, 0	100
			Kengh M	1/WIX	MD	181	1 Dr	a Ph	ill gil	JI Ulm	y, m)	708 25
	Sta	te	31. Deta filed (Month, Day, Yea.	_	32. Re	egistrer's Signa	iture		1		1,		
	Registr	ar	OCT 2	9 1996		julia Dar	idson-Par	dolla					
Pari	MIL 40 D 000	-			0								

NAME OF A PARTY OF THE OWNER. A RESIDENCE OF THE PARTY OF

Market and Bern Barrier Barrier College and College an

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Data of Death 3. Tima of Death **Physician** ROYER 1045 AM HELMA /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD 7. Aga (In yrs. last birthday)
87
Yrs.

If Undar 1 Yaar
If Undar 24 Hrs.

Nonths Days Hours Min.

Oct 31, 1908 5 Social Security Number 9. Birthplaca (State or Foraign **Funeral** 1□ M 2√2√F 547 09 2925 CANADA Director Usual Rasidance of Dacadent the Maryland 10a State 10c. City, Town or Location ADELPHI 10d. Insida City Limits 28a-f show "natural", or items 23a or 28a-f shov PRINCE GEORGES MD. Director Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 20783 9238 RIGGS ROAD U.S.A. Completed by Funeral death 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 11. Marital Status 13. Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarlcan Indian, d 2 should be filed within 72 hours effer the end Mantal Hygiene.
7 is marked other than "natural", or iteatramatic event, the Maples Exemined Black, Whita, atc. 1 □ Navar Married 2 □ Married 21215-0020 1 Tas 2 No Spacify. Specify: 3 XWidowad 4 Divorcad WHITE 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) REGISTERED NURSE NURSING Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnema) Pages 1 and 2 should be filt mant of Health end Mantal Hi ant: If Item 27 is marked oth Be BOOTH MINNIE MAE IITCHFIELD JESSIE R 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) ROGER MACK/SON SAME AS 10e or other t 20b. Placa of Disposition (Name of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any Injury or once. METROPOLITAN CREMATORY 10/26/96 ALEXANDRIA, VA 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funarai Sarvice License 22. Nama and Addrass of Facility TAKOMA FUNERAL HOME INC 254 CARROLL 23a. Part 1. Entar tha disaasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician /Medicai Immadiate Causa (Final disaasa or condition rasulting in daath) 1 SHEMIC CANDOMYSPATHY Examiner The law requires that the death certificeta be executed the buriel-trensit Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseesa or Injury that initiated events rasulting in daath) Last YRS P.O. Box 68760, PASETE physicien Physician/Medicai for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed by should be detac Records, à Completed 24b. Wara autopsy findings availabla prior to completion of causa of daath? 24a. Was an autopsy performad? has page 2 this cartificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Attending Physician: director. 25. Was casa raferred to medical axaminer? Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Certification: To 1 Yas 2 No 1☐Inpatiant 2☐ER/Outpatiant 3☐ DOA funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After Naturel 5 Panding investigation spital or Attendin rours after death. nerel Director: Aft filled in by the fur 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datarmined 28e. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

10

To the Hospital of within 24 hours a To the Funerel D

State Registrar

Medical

29a. Cartifier

31. Data filed (Month, Day, Year) 0CT 2 8

29b. Signatura and titla of cartifia

CE-TEN DA 103 E.C. MD 21043 3460 ELLICOTT 32. Ragistrar's Signatura chia Davidson

who complated causa of daath (Item 23a) (Type, Print)

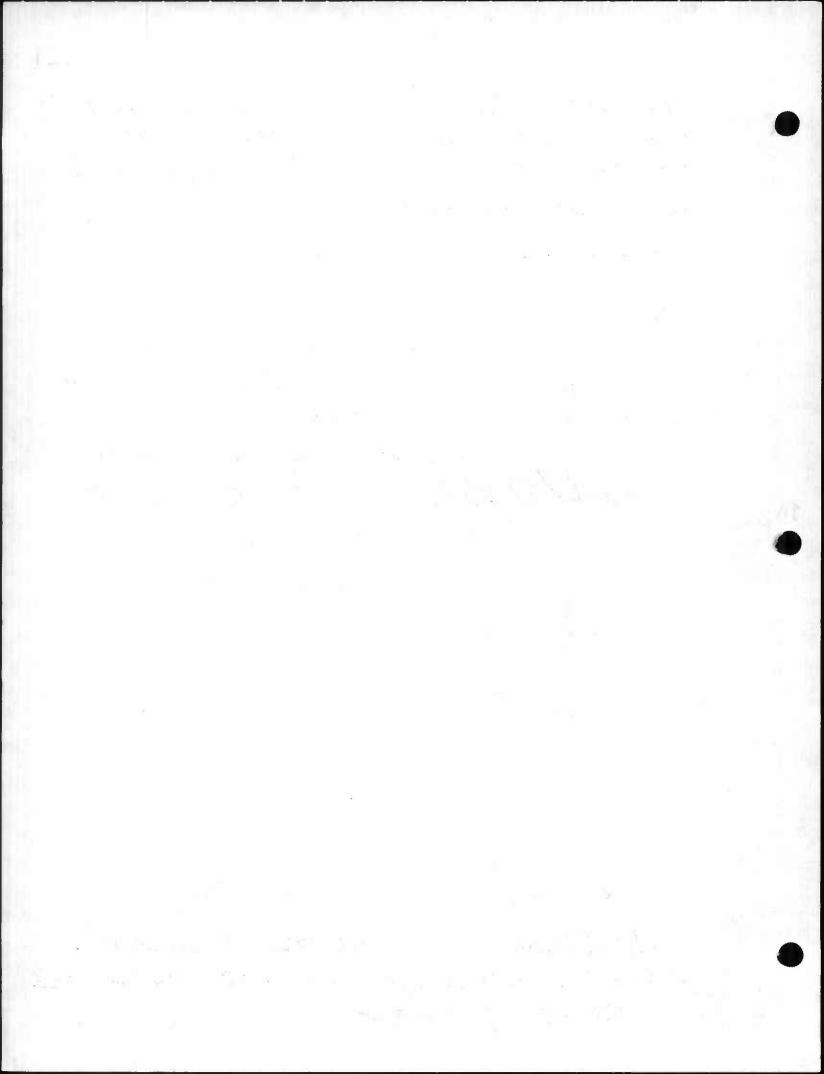
29c. Licansa number

DHMH 16 Rev 6/95

29d. Data signed (Month, Day, Year)

1 Certifying Phyalclan: To the best of my knowledga, death occurred at tha time, data and place, and dua to tha causa(s) and menner as stated.

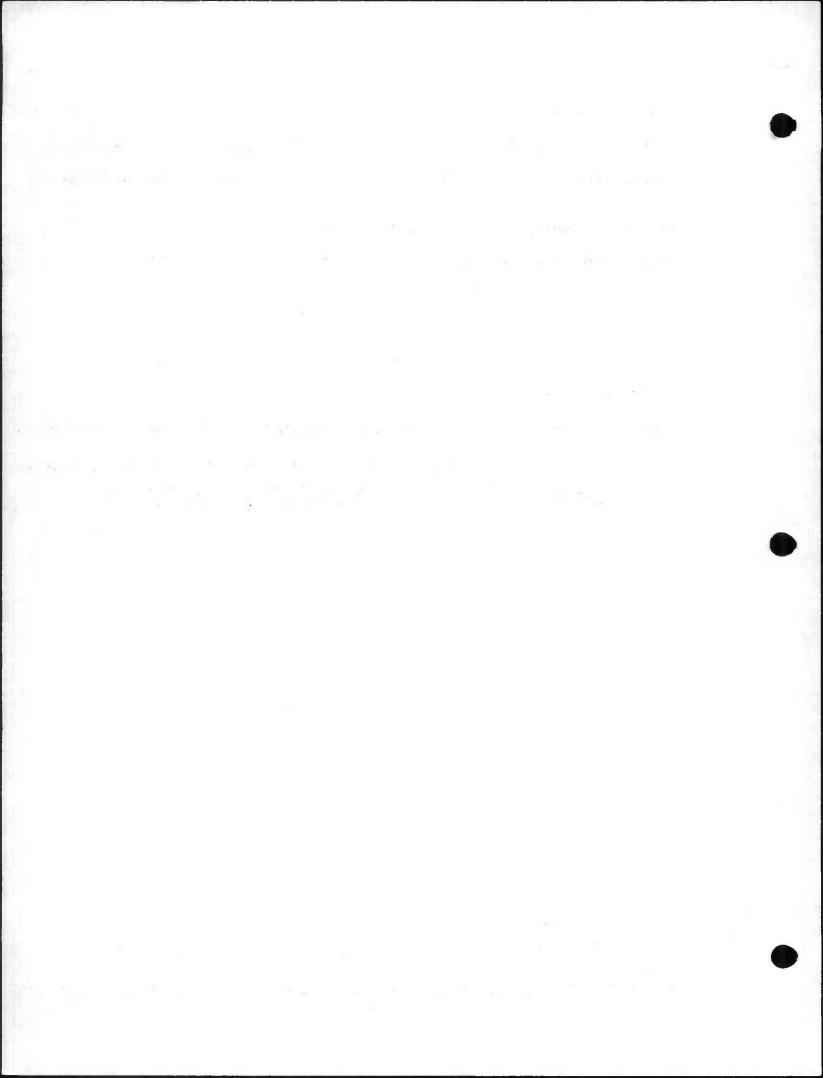
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the causa(s) and manner stated.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

				State	Oriviaryia		rtificate of	Health and N Death	nentai Hy	giene g Reg. No.	6 3	1122			
	Db		1. Decedent's Neme (First, Mide	dle, Last)					2. Dete of De	eth		. Time of Deeth			
	Physici /Medio		William Raf	ael Raced	.0				Month Octobe	Dey 25. 1	Year 996 1	0:30 AM			
	Examir		4e. Fecility Neme (If not instituti					4b. City, Town, or L				U.JU MI			
L			1400 Fenwick	Lane Ap	t. 603			Silver	Spring	Monte	gomery				
	Funeral		5. Sociel Security Number	6. Sex 12 M 2 □ F		s. lest birthday)	If Under 1 Yeer Months Deys	If Under 24 Hrs.	8. Dete of Bi (Month, De	rth		(Stete or Foreign			
	Director		264-92-7532 Usuel Residence of Decedent	120 11 201	5.5	Yrs.			Aug. 4		Colomb				
	puel **		10e. Stete 10b. Count	ty	10c. 0	City, Town or Lo	cation				10d. i	Inside City Limits			
	Mary 18h	ō	Maryland Monto	2 0 m 0 14 1		C d 1						1 ☑ Yes 2 ☐ No			
	1 the	Director	Maryland Montg	gomery		Silve	r Spring			10g. Citizen of \	Whet Country?				
	3a o		1400 Fenwick I	ane Ant	. 603		200	910							
	d within 72 hours effer death with the Marylend jene. I than "natural", or Rema 23s or 28s-f show the Madical Exert her mark be recitied at	Funeral	11. Maritel Status	12. Wes De	acedent Ever in	U,S. 13.		Hispenic Origin? (Sp een, Mexican, Puerto	ecify Yes or No	U.S.A	e - American II	ndlen,			
0	or he	F	1 Never Married 2 Me	erried 1 🗆 Yes	Forces? s 2 19 No				Hican, etc.)		ck, White, etc.				
00	ral.	1 by	3 ☐ Widowed 4 ₺ Divorce	od If Yes, e Yeer or			12℃ Yes 2□No Colomb	ian		Specify	White				
5-0	72 h netu	Completed	15. Decede (Specify only high	ent's Education est grade complete	d)	16e. Dece	dent's Usuel Occu	pation during most of work d)	ina	16b. Kind of B		ry			
121	within iene. than	mp!	Elementery/Secondery (0-12)		(1-4or 5+)			ed)							
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an	2 should be filed v send Mental Hygie la marked other ti raumatic event, to	Be						18. Mother's Nam			70)				
3	should I and Men marked umatic	²	Manuel J. Rac 19a. Informent's Neme/Reletion			405 14-11		Armida	I. Ve	rgara					
Ma	d2s then 7 lar							t end Number or Rui							
e,	s 1 and 2 should be filed f Health end Mental Hyg from 27 is marked other other traumatic event,		Alfredo J. Ra 20e. Method of Disposition	icedo	20b.	Plece of Dispo	sition (Neme of	Willow Cou	Dete #31	Silver 20c. Location -	Spring City or Town	, Maryland			
no	eges ant of t: If M	7 0	1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (m State		metory or other ple								
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 Department of Health e Important: If Item 27 Items 17		21. Signature of Funeral Service		GE		Name end Addre	emetery 10	1/28/96	Silver	Spring	,Maryland			
ä	Departiment in any in any in any in		15 4	11		/ F:	rancis J	. Collins							
			234. Pert 1. Enter the glebase	r complications the	t caused the de	ath. Do not ent	OO Univer	rsity Blvo ing. such es cardiec	1., W. S	il.Spr.,					
	Physician	6	23a Part1 Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate interval Between Onset and Death												
	/Medicai		Immediate Cause (Final disease or condition	500 University Blvd., W. Sil.Spr., Maryland 20901 22a Parti. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Interval Between Onset and Deeth Approximate Interval Between Onset and Deeth											
ď	Examiner		resulting in deeth)	e. Lung		(or es e consec		Brain and			93	Days			
	D #	dical Examiner		_ Left	Adrena	al Gland	1								
	and trans	cam	Sequentially list conditions,	0.		(or es e conseq	1	-			<u> </u>				
60,	clan clan	E	Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Disease or Injury								1				
68760,	cate be asscuted physician end s the burial-transit	dlo	thet initieted events resulting in deeth) Lest		Due to	(or es e conseq	uenca of):					· ·			
	=			d											
Box	daath certif e attending d for use a	Physician/M									1				
O	the d	nysl	Pert II. Other significant conditi	lons contributing to	death but not re	sulting in the u	nderlying cause gi	ven in Pert I.				cause of death?			
٣.	requires that the	by P							183	Yes 2 No	3 Probably	y 4 🗆 Unknown			
rd	v requires been sig should b									en eutopsy	24b. Were a	utopsy findings			
000	lew requires been a 2 shoul	piet							pend	ormed?	comple of deet	ele prior to etion of cause h?			
æ	The lev ate has page 2	Completed							10	Yes 212 No		s 2 No			
<u>a</u>	certificate rector, par	Bec	25. Wes case referred to medica	al				26. Placa of Deat		EXTERNATION NO.					
}	5 00	70	examiner? 1 ☐ Yes 2 ☒ No	Hospitel: 1 [Inpatient 2	☐ ER/Outpatien	t 3 DOA Ot	har		denca 6 □Oth	er (Specify)				
0	ding Ph h. After thi funeral		27. Menner of Deeth 1 ☑Neturel 5 ☐ Pendi		e of Injury onth, Dey Year)	28b. Time of	28c. Inju Wo	ry et	28d. Describe	how Injury occur	red				
Sio		catio	2 Accident invest	tigation			M 1	Yes 2□No							
Division of Vital Records,	34 - c	Certification:	3 Sulcide 6 Could 4 Homlcide	minad 286. Ple	ca of Injury - At I Iding, etc. <i>(Spec</i>	home, ferm, str cify)	eet, fectory, offica		28f. Location (City or To	Street and Numb wn, Stete)	er or Rural Ro	ute Number,			
	oltaf c		No. Carlles 195 a sec												
	Hosp 24 ho Fund staly f	edlcai	29a. Certifier 12 Certifyl (Check ow) 2 Medical	I Examinar: On the	besis of examin	iowledga, daath ation end/or inv	occurred et tha ti vastigation, in my o	ma, data and place, opinion, daath occur	end due to the red et tha tima,	dete end place,	enner es stated and dua to tha	i. cause(s)			
	To the Hospital of within 24 hours at To the Funeral D completaly filled in	Me	29b. Signature and title of certific		enner steted.	1	29c. Licans	se number		29d. Dete signe	d (Month. Day	Year)			
	⊢≯Fŏ		1 to	1.15	mill	· MD					,	,			
	,	-	30. Ne many address of person	who completed on	usa of death /lea	am 23a) /Tune	D 35	0000		October	20, 19	170			
	6		Jose F. Bonell					th Floor	_Q11+ro-	r Carina	Marri 1	and 20010			
	Sta	te	31. Dete filed (Month, Dey, Year) 32.	Registrar's Sign	nature 70		CII FIOOF	DITA6)	- shrring	, naly la	and 20910			
	Registra	ar	OCT 2	8 1996	I wa wa	viacon-Na	ihere								

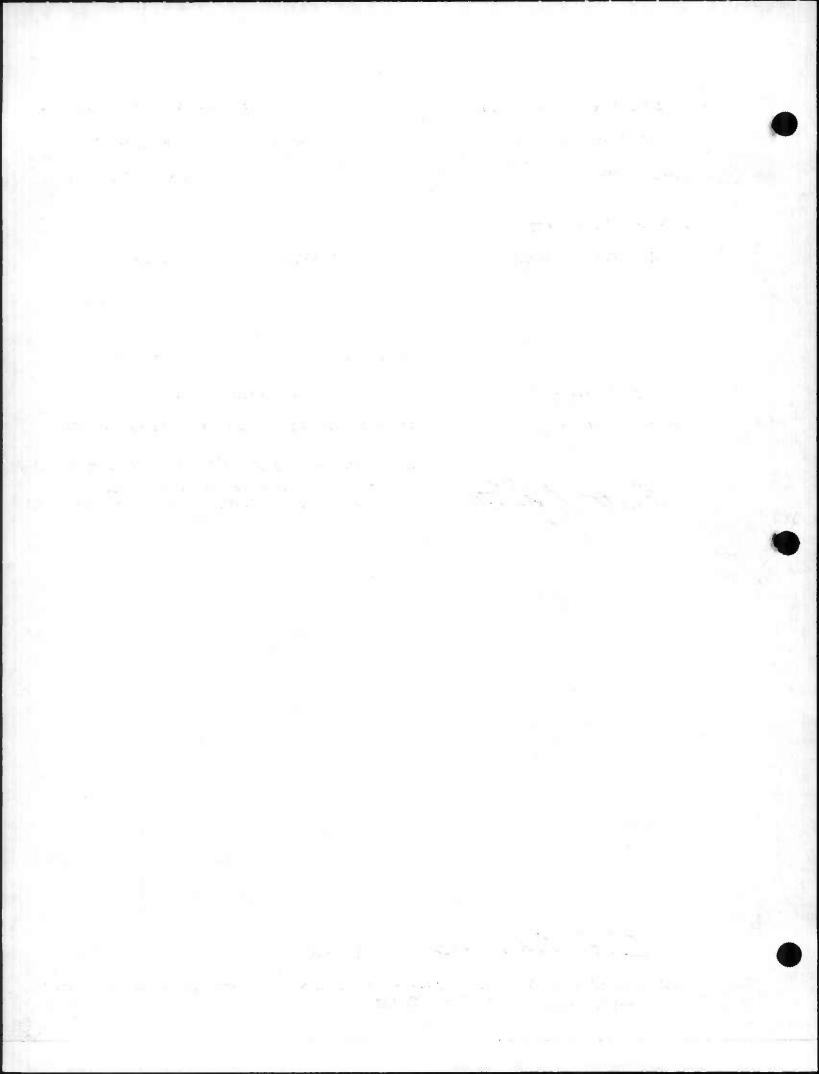
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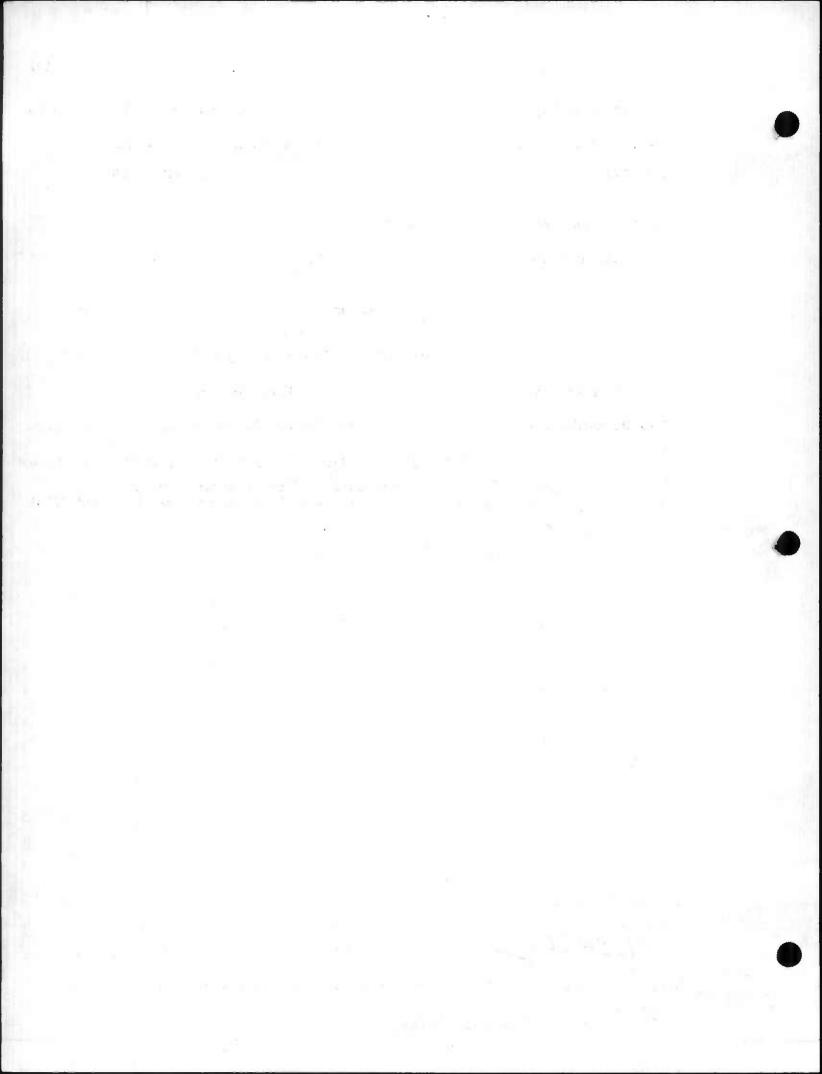
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							Ce	rtificat	e of	Death		Re	eg. No.			
Г	Dhysia	ion	1. Dacedant's Nama (First, Middle	a, Last)						-		2. Data of Deet Month	h	Veer	3. Tima of	Death
	Physic /Medi		Catherine	L.	Rile	У						October	24, 19	996	05:30	AM
?	Exami	ner	4a. Facility Nema (If not institution 2903 Henders		,					4b. City, To Wheat		ocation of Deeth	4c. County			
-	Funeral		5. Social Security Number	6. Sex		'In yrs. last b	irthdav)	If Unda	1 Year	If Undar		8. Data of Birth	Mont			v Foreign
	Director		102-18-1990 Usual Residance of Dacedent	1□M 2\\ F		72	Yrs.	Months	Days	Hours	Min.	8. Data of Birth (Month, Dey, July 27			place (Stata o ntry) York	v r oralgir
	how		10a. Stata 10b. County		1	Oc. City, To	wn or Lo	cation						1	10d. Insida Ci	ty Llmits
	8a-f s	Director	Maryland Montgo	omery		Whea	iton								1 🗆 Yas	2 ☑ No
	vith th	Dire	10e. Street and Number					10f. Zip	Coda			10	0g. Citizan of	What Cour	ntry?	
	eath v	erai	2903 Henderson		andent Fre	as in III C	10.1	M D		0902		* * * * * * * * * * * * * * * * * * * *	U.S.			
	iter d	Funerai	11. Maritel Status 1 ☐ Navar Married 2 ☐ Marr		Forcas?	er in U,S.	13.	was Daced If Yas, spe	cify Cub	Hispanic Orl	gin? (Sp , Puarto	ecify Yas or No- Ricen, atc.)		ck, Whita,	cen Indian, etc.	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show my foliary or other traumatic evant, if a Medical Evant net must be notified a once.	by	3 ☐ Widowed 4 ☒ Divorced	If Yas, C Year or	Giva			1 🗆 Yes	2 🔀 No	Specify:			Specif	y: Wh	ite	
5-0	72 ho	Completed	15. Dacedani (Spacify only highas	's Educetion	-()	168	a. Daced	dant's Usua	el Occu	pation	of work	ina	16b. Kind of B	usiness/In	dustry	
121	vithin han	mpie	Elamantary/Secondery (0-12)	1	(1-4or 5+)					during mosi d)	O WOIK	ang .				
	Hygie ther t	CO	12 17. Father's Nama (First, Middla,	l act)			Sec:	retar	y	19 Mothe	r'a Nam	a (First, Middla, N	Commun		ions	
an	d be entail	o Be												ne/		
Maryland	should be filed vand Mental Hygies smarked other tourmatic evand.	5	Rudolph P. Stee 19e. Informent's Name/Relations	0.		19	b. Mailir	ng Addrass	(Straa	t and Numbe	ther	ine Wes	sner	Stete Zir	Coda)	
Ž	Health a em 27 is other trace		Mary K. Dattore	2						ks Roa		Vest Rive				
ore	of He of He item		20a. Mathod of Disposition	٠		20b. Place	of Dispo		na of				20c. Location			
Baltimore,	Pages ment of 8 ant: If ite ury or of		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Othar (S _t		n Stata		-	-			v 10	/28/96	Silver	Spri	no Mar	v1 and
Salt	epart epart nport ny inj		21. Signature of Funeral Service I	icensee	1	1	22	. Nama en	d Addr	ass of Facilit	V	Funeral			116 , 1141	y_Land
	00780		(estt)	Kmi	M		50	00 Un	ive	rsity	B1vd	W. Si	L.Spr.		land 2	0901
		/	23a. Part1. Enter the disease, of shock, or heart taildre. Cist	ocmunications that on a causa on	ceusad the	a daath. Do	not ant	ar the mod	a of dyi	ng, such as	cerdiac	or raspiratory arra	nst,		Approximate Interval Bety	e waan
	Physician /Medicai		Immediata Ceuse (Final											İ	Onset end D)aeth
	Examiner		disaasa or condition resulting in daath)	a. Meta											9 mont	hs
		Jer		D		e to (or as a	conseq	uence of):						i		
	cuted	Examiner	Sequentielly list conditions	b. Brea	ıst Ca	ancer a to (or as a	conseq	uance of):						1,	2 year	S
Ö,	e exe		Sequantielly list conditions, if any, leeding to immadiata ceusa. Enter Undarlying Causa (Disaase or Injury					,						1		
68760,	eath certificate be executed attending physician and for use as the burial-transit	edicai	thet initiated avants rasulting in daath) Last	C	Due	e to (or as a	conseq	uence of):								
×	ding l	3		d												
Bo	death e atter	ciar	Dod fl. Other elemities at a serial		1 - A 1 - A							1			-	
0	that the de led by the a datached t	Physiciar	Part fl. Other significant condition	is contributing to	daath but n	ot resulting	in tha ur	ndarlying o	eusa gi	van in Part I.			bacco use co ıs 2□ No			
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Records,	been s	Completed I										24a. Was ar perform		ev	ara eutopsy fi allabla prior to implation of ce daath?	0
	0 - 0	omp										1 □ Ya	s 212 No		Yas 2□	No
g	iclan: Th cartificata rector, pa	Be C	25. Was cese rafarrad to medical				_			26. Place	of Daeth	(Check only one			J Tas ZL	
>	Physician: r this cartific and director,	To	axaminar? 1 ☐ Yes 2 ☑ No	Hospital: 1	Inpetiant	2 ER/O	utpatlen	t 3 DC	A Oth	10r		me 5⊠ Rasida		ar (Specif	y)	
0	D 20 0		27. Mannar of Daeth 1 ☑ Natural 5 ☐ Panding		of Injury oth, Day Ye	28b.	Tima of Injury	2	8c. Inju	ry at rk?		28d. Dascribe ho	w injury occur	red		
<u>s</u>	Attending or death. ector: Attar by the fune	icati	2 Accidant Invastig	ot be				М		Yas 2 1						
Division of Vital	7 7 7 6	Certification:	4 ☐ Homicida detarmi	ned 286 Plac	ding, atc. (S	- At homa, fa Specify)	arm, stra	aat, factory	, office			28f. Location (Str. City or Town,	eat and Numb , Stata)	er or Rura	d Routa Numi) <i>01</i> ,
	To the Hospital of within 24 hours af To the Funeral Discompletely filled in		29a. Cartifiar 1X Certifying	Physician: To th	e bast of m	ıv knowleda	e. daath	occurred a	at the tir	me data and	i nlace	and due to the ce	usa(s) and ma	nner as s	teted	
	n 24 h	edicai	(Check only 2 Madical E	xaminar: On tha l	basis of axe	amination ar	nd/or Inv	astigation,	In my o	plnion, daat	h occurr	ed et tha tima, da	ta and piece,	and dua to	tha ceusa(s)	
	To the To the Committee	Z	29b. Signature end titla of certifier	0				29c	. Licens	se numbar		29	d. Data signe	d (Month,	Day, Year)	
			e. F.	Libre	, *	71		D	094	70		00	tober	24. 1	1996	
			30. Name end address of person v					Print)								
	12		Eurene P. Libre		1040	0 Con	nect	icut	Ave	nue #	606	Kensing	ton, Ma	ry1ar	ad 208	395
	Sta Registr	te ar	31. Data filed (Month, Day, Year)	96	a Da	Signatura	dande	182								



				State of Maryla		Certificate of			Reg. No.	96	34/24
	1000	M	1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Dec	eth		3. Time of Deeth
	Physici /Medic		Lilia Maria	Reves				Month	25, 19	Yeer 96	8:00 PM
	Examir		4e. Fecility Neme (If not institution, g				4b. City, Town, or L				
1			714 Bonifant S	treet			Silver S	oring	Mont	gomer	cv
Г	Funerai		Sociel Security Number 6.	Sex 7. Age (In yr		Months Devs	If Under 24 Hrs.				lece (Stete or Foreign
ŀ	Director	5 8	129-42-3783	ILM ZWF	45 Y	s.	1100.0	Oct.26	,1950	Cuba	
	and *		Usual Residanca of Decedent 10e. Stete 10b. County	10c. 0	city. Town	or Location				1	0d. Inside City Limits
	Manyl f sho	ō	W 1 1 W								1⊠ Yes 2 □ No
	the 288	Director	Maryland Montgo	mery	SILVE	er Spring			10g. Citizan of V	What Coun	itry?
	With Sa or	0	71/ Dandfant C	h			110			mat oour	,
	deeth ms 2	Funeral	714 Bonifant S	12. Wes Decedent Ever in	U,S.	13. Wes Decadent of I If Yes, specify Cub		pecify Yes or No-	U.S.A.	e - Americ	an Indien,
120	a within 72 hours after deeth with the Maryland liene. Then "naturel", or items 23s or 28s-f show the Medical Exercities and the	by Fur	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorcad	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		1₺ Yes 2□ No		o Rican, etc.)	Specify	ck, White,	etc.
21215-0020	2 hou		15. Decedent's E		16a. D	Cuban lecedent's Usuel Occur	pation		16b. Kind ol Bu		nite
215	n nat	Completed	(Specify only highest g	rade completed)	- 7	ecedent's Usuel Occu Give kind of work done ife. DO NOT use retire	during most of world)	king	TOD. PAING OF DA	201100001110	3030.9
21	filed within Hygiane.	E	Elementery/Secondary (0-12)	Collega (1-4or 5+) 4	Rese	arch and E	rogram Ma	anager	Urban P	ublic	Policy
pu	e filed al Hygie other vent,	Bec	17. Fether's Name (First, Middle, Las	t)			18. Mother's Nam				
/lai	should be ind Mental I	ToE	Victor Eduardo	Reves			Maria	a Torres			
Maryland	2 should be n end Mental is marked raumatic ev	Ò	19a. Informent's Name/Ralationship		19b. l	Mailing Address (Street				State, Zip	Code)
2,5	이 = 는 -		Andres Hernandez			Bonifant	Street S	Silver S	pring, M	aryla	ind 20910
Ore	ges 1 t of H if Itel		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3		cemetery,	Disposition (Name of cremetory or other ple	oce)	Date	20c. Location -	City or To	wn, State
Baltimore,			4 ☐ Donation 5 ☐ Other (Spec	UG	e of	Deaven Cer		0/29/96	Silver	Sprin	ng,Maryland
Bai	permit. Pa Departmer Important: any Injury		21. Signeture of Suneral Sarvice Lice	1000	4	Francis J.	Collins	Funeral	Home.	Inc.	
	TO 1 8 0		full).	Smil		500 Univer	sity Blvo	1.,W. Si	1. Spr.,		and 20901
			Pert1. Enter the displayer or co- shock, or heert is dire. List and	that caused the de ceuse on each line.	ath. Do no	t enter the moda of dyl	ng, such es cardiac	or respiretory er	rest,		Approximete Interval Between
	Physician /Medicai		Immediete Ceuse (Final	1 1 1	,						Onset end Deeth
	Examiner		disease or condition resulting in deeth)	· metastar			conce				
		ē		Due to	(or es e co	nsequenca of):					
	d d ansit	Examiner	Commented the New York and November 1	b. Due to	(01.00.0.00	nsequenca ol):				i	
ó	axec an an rial-tr		Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying	Dua to	(01 83 8 60	risequerica di).				1	
68760,	ficete be axecuted physician and is the bunel-transit	edical	Cause (Disaasa or injury thet initiated avants resulting In deeth) Last	cDue to	or es e co	nsequenca of):	-				
_	E 0 6		resulting in deeth) Last							i	
Вох	sath certif attending for use a	lan/		d							
0	the death by the atten ached for u	Physician/M	Part II. Other significent conditione	contributing to death but not re	sulting in t	he undarlying cause gi	ven in Pert I.	23b. Dld t	obacco use con	ntribute to	the cause of death?
٩.	that the death cer led by the attendin datached for use	F						10	108 2 No	3 ☐ Prot	oably 4 Unknown
ds,	B G	l by								045 144	
Ö	v requiras been sign should be	Completed						24e. Wes	en eutopsy med?	eve	ere eutopsy findings eileble prior to mplation ol cause
<u>3</u> 60	hes b	mpi								of	deeth?
a	i: The icate h							1 🗆 Y	es 2□No	1	Yes 2□ No
Vital Records	Physician: The lav this certificate hes ral director, page 2	o Be	25. Wes case referred to medical exeminer?	Hospitei:		_ Ott	26. Place of Dee				
o		- 1	1 ☐ Yes 2 ☐ No 27. Manper ol Deeth	1 ☐ Inpatient 2	☐ ER/Outp 28b. Tin	ellent 3LI DOA	4 U Nursing H	ome 5 Resid			y)
o	ding th. After funa	tion	1 Naturel 5 ☐ Panding 2 ☐ Accident Investigation	(Month, Day Year)	Inji	iry Wo	rk? Yas 2□No	200. 200011001	ion injury coour		
Division	or Attending aftar death. Director: Afte I in by the funs	fica	3 Suicide 6 Could not I	28e. Place of Injury - At		, straat, lactory, office				er or Rure	/ Route Number,
ā	s aftar il Direction	Certification:	4 ☐ Homicida detarmined	building, etc. (Spec	eity)			City or Tow	n, State)		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Cartifiar (Check only 2 Medical Exa	hysician: To the bast of my kr	owladga,	leeth occurred et tha ti	ma, data and plece,	, end due to the	eusa(s) end ma	nnar as st	ated.
	the H in 24 the F	ledical	one)	miner: On the besis of axamir end menner steted.	ation end/	or invastigation, in my o	opinion, deeth occui	rred et tha tima, o	ata end placa, o	end due to	the cause(s)
	No To Prop	2	29b. Signature and title of certifier	/		29c. Licens	se number		29d. Date signed	d (Month, i	Dey, Year)
	, 7		Holls			D 47	964		October	28,	1996
	20		30. Name end address of person who								
	U		John L. Marshall 31. Dete liled (Month, Dey, Year)			oir Road,	N.W. Was	shington	,D.C. 2	0007-	-2197
	Sta Registra		OCT 3 0 1996	32. Registrer's Sign							
	3		חציבו עו טיייי	Helen Jane	70 4						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

34125

								Cel	uncate o	or Death		Reg. No.		
	hysici:		Decedent's Ner	me (First, Midd		(J.	RAI			2. Dete of E Month OCT	Death Dey 19	Yeer 196	3. Time of Deeth 9:25 AM
/Medical Examiner			4e. Fecility Name (If not institution, give street end number)								or Location of De			
	, allılı	e:				ENTIST		TAT						
_									If Under 1 Ye	TAKOMA			NTGON	
1000	nerai		5. Social Security Number 6. Sex 7. Age (In yellow)					Yrs. Months		ear If Under 24 Hr: ays Hours Min	n. (Month, D	Birth Dey, <i>Year)</i>	9. Birth	plece (State or Foreigntry)
Dire	ector		208-42-	X		80	115.			DEC.	1, 1915	, 1915 LAHORE,		
P.			Usuel Residence						Toronto					
the Maryler	9	_	10a. State	10b. Count	У		10c. Ci	ity, Town or Location						10d. Inside City Limit
× 1	ğ	Funeral Director	MD.	PRINC	E GE	ORGES		HYATTSVILLE					1 🔊 Yes 2 🗆	
th the	1	ě	10e. Street end No				10f. Zip Code			10g. Citizen of Whet Country?				
ith with	4		582	ING C	HAPEL H	σn.	20782				II C A			
eath	E	era	5821 QUEENS CHAPEL RD. 11. Marital Status 12. Was Decedent Ever In								/Consider Van as B		S.A.	can Indien.
ter dea	No.	5	Armed Forces? 1 Never Married 2 Married 1 Yes 2 No					,,o. 10. 1	Yes, specify C	Cuban, Mexican, Pu	erto Rican, etc.)	Rican, etc.) Black, V		
5-0020 72 hours effer death with the Marylend	"natural", or items 23a or 28a-1 sho official Examiner must be notified at	by F	3 Widowed		II Yes, GIVE			☐ Yes 21	No Specify:		Speci	Specify:		
21215-0020 d within 72 hours effigiene.		P P	3 LJ WIGOWBG		Yeer or Dete	s:							N-AMERICA	
72 2	움	Completed	(Spe	nt's Educi	ation com <i>pleted)</i>		16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)				16b. KInd of Business/Industry			
vithir iene.	3	ם	Elementery/Sec		College (1-4	or 5+)	HINVIRONMENTAL.							
	報	8				5+		AERONA	JTICAL/	PROFESSIO	DNAL/ENG.	INEER	ENC	INEERING
C 0 = 0	3 6	Be	17. Fether's Neme	(First, Middle	, Last)					18. Mother's N	leme (First, Midd	le, Maiden Sume	me)	
arylai should b nd Menta marked	tic	2	R	AI SAF	IIB	KALU F	RAM			1	AKSHAMI	DEV	Т	
should Men	traumatic		19a. Informent's N	Name/Relation	ship (Typ	e, Print)		19b. Meilin	g Address (Str	reet and Number or				p Code)
end 2:			GREGOR	Y C.	RAI/	SON				UTH ST.,				
or thealth	other	-	20e. Method of Dis		1411/	DOM	20b. F	Plece of Dispos			Dete		11510	
0 80 =	6	- }	_		3 □Re	movel from Sta		cemetery, crem	etory or other	piece)	Dete	200. 2000000	on - City or Town, State	
Ling Pa mer ant:	In		4 Donation	5 Other (S	Specify)		CH	AMBERS	CREMAT	ORY	10/28	RIVER	DALE,	MD.
Baltim permit. Pag Department Important: I	any injury o		21. Signature of F	uneral Service	License	2	0	22	Name end Ad	dress of Fecility				
m 88 E	e 9		1/1/2	2/14	An	Words	//www	091 W.	W CH	AMBERS CO	יים או	PDATE M	m 20	727
			23e, Pert1, Enter	the disease o	r complie	etions that caus		-		dying, such es cerd			D. 20	Approximete
			shock, or he	art failure. Lis	t only one	ceuse on each	n line.	50 1101 01111		ay 11 g, 00 01 0 0 001 0	ac or respiretory	011031,	1	Intervel Between Onset end Deeth
Physic /Med	_		Immediate Course	(Fig. a)										Oriset eria Destri
Exam	_		Immediate Ceuse (Finel disease or condition PNUEMONIA											1 WK
LAGIII			resulting in death)	,	0.		Due to (d	or es e conseq	uence of):					
D	.02	Examiner				FRAC	TURE	нтр	HIP (R) SIDE				3-4-WI	
cute	rans	E	Sequentially list of	onditions	1 D.			or es e consequence of): ISM r es e consequence of):					5=4	
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ox 68760, certificate be executed iding physician and	the second	n/Medical	resulting in deeth)	Lest			D00 t0 (0							
OX Cent	use es	⋛│			d.				13					
ete est u	for	<u>8</u>												
requires that the death	detached for	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of											o the cause of death
r ta g	jetec	문									10	Yes 2 No	3 ☐ Pro	bably 4 Unknow
es the	2	۵												
Kecord he law require he hes been sig	o D	9									24e. We	performed? eve		ere eutopsy findings reliebte prior to
law reques been	2 sh										- 501			empletion of ceuse deeth?
The law	page	Completed										37		
= 6	g.		- 111									1 ☐ Yes 2 ZANo 1 ☐ Y		☐ Yes 2☐ No
OT VITAL Physician: T	director	Be	25. Was cese refe examiner?	rred to medica	-	26. Plece of Death (Check only one)								
Phys this	i i	2	1 Yes 2□		110	1 La Inpa		ER/Outpetient 3□ DOA		Other: 4 Nursing	Home 5 Res	ome 5 Residence 6 Other (Sp		fy)
	funera	<u> </u>	 Menner of Dee Naturel 	th 5 ☐ Pending	20	28a. Dete of Ir (Month, I	njury De <i>y Year</i>)	28b. Time of Injury	28c. Inju Wo 1□	ury et ork? □ Yes 2 kgrNo	28d. Describe	28d. Describe how injury occurred FELL OUT OF BED		
DIVISION I or Attending efter deeth. Director: After	10 ft	E	2 Accident	investi	gation	OCT.2,	1996	10;00			FEI			
DIVISION Attended efter deet Director:	à i		3 Suicide	not be	28e. Plece of	Injury - At he	ome, ferm, street, factory, office			28f. Location	28f. Location (Street end Number or Rurel Route Number,			
effer Pre-	d in	Certification:	4 ☐ Homicide building, etc. (Specify) NURS ING HOME								City of Town, Stete) HYATTSVILLE, MD 5821 QUEENS CHAPEL RD.			
Hospital of 24 hours e	=		29e. Certifier	1□ Certifyir	na Phyelo				occurred at the	e time, date end ple				
Fur Fur	elejy	edical	(Check only one)	2 Medical	Examine	r: On the basis	of examine	tion end/or Inv	estigetion, in m	y opinion, death oc	curred et the time	, date end place,	, end due to	o the ceuse(s)
To the within 2	d .	-		title of contific		and menner	Stated.					20d Data signed (Month Co., Vond		
5 출 5	₽ 8		29b. Signeture and title of certifier 29c. License number									29d. Date signed (Month, Day, Year		
				2 d	-) and	- :	0	D	08546		OCT.	29. 1	.996
In	,		30. Neme end edd	ress of person	who com	pleted ceuse of	f death (Item	n 23e) (Type, F		#318				770
4			JOHN		UBER		82	-		AVE., BE	THESDA	MD. 208	14	
	State	9	31. Dete filed (Mor			32. Regis	strer's Signa	iture			- ALLENDER 9	-40-	<u>- 1</u>	
Re	gistra	-	OCT		96	die	This	-Bondas						
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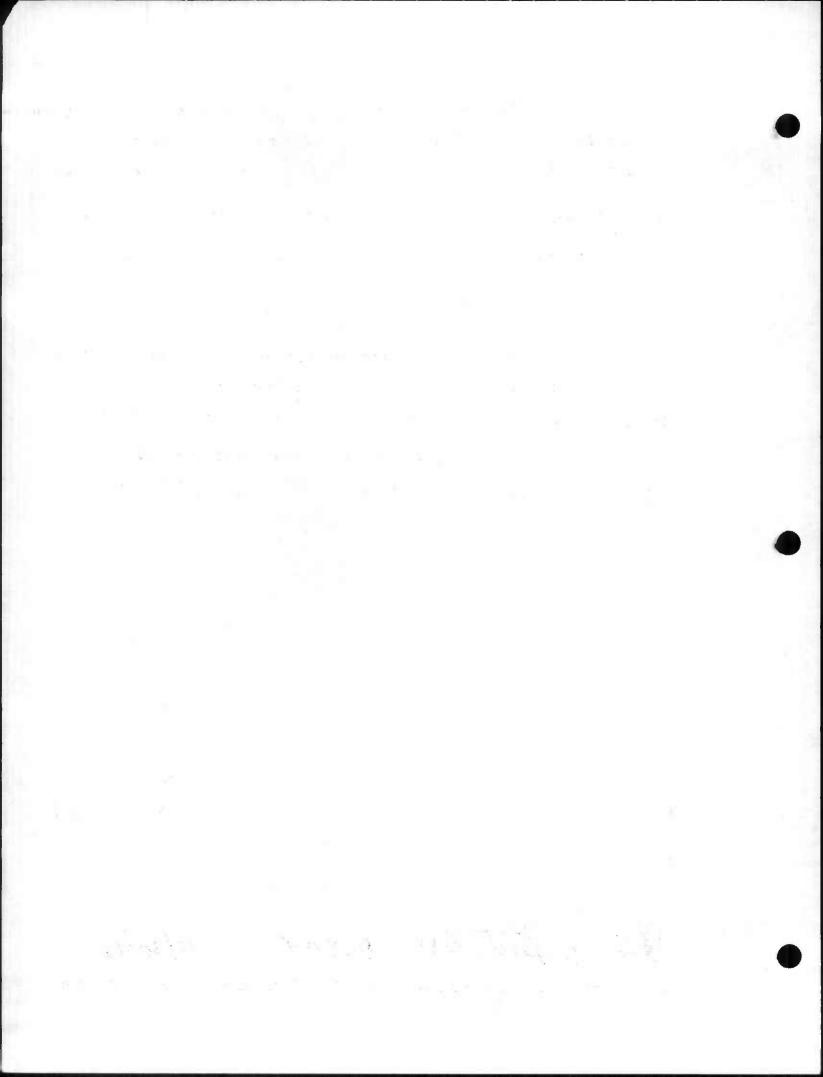
State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month David R. Selover 10/29/96 1205 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4h City Town or Location of Death 4c. County of Death Examiner Comfort Inn Rt. 50 North Easton Talbot. If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 □ F Yrs. 546-90-0773 California Director 44 Usual Rasidanca of Dacedant the Marylend 10a, Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show must be notified at Va. Alexandria, Virginia 1 Yas 2 No Director Fairfax 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? With 6 Herns 23a 6015 Monticello 22306 U.S.A. Funeral Pages 1 and 2 should be filed within 72 hours after death nent of Heelth end Mentel Hygiene.
Int: If Item 27 is marked other than "natural", or Items 23. 12. Was Decedant Evar In U.S.
Armed Forcas?
1 □ Yas 2 □ No AF
If Yes, Giva
Yaar or Datas: Retired 14. Race - Amarican Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White þ 3 Widowad 4 Divorced Completed 15. Decedant's Education 16a. Decedent's Usuai Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT use ratired) (Specify only highast grada completed) Eiamantary/Secondary (0-12) Collaga (1-4or 5+) U.S. Government $5 \pm$ Defense Contractor 17. Fathar's Nama (First Middle Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Henry A. Selover Adele M. Haslam Selover 2 19b. Meiling Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda)
1533 Black Oak Dr., Stockton, CA 95207 19a. Informent's Name/Ralationship (Type, Print) Ellen N. Selover 20a Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or othar place) Data 20c. Location - City or Town, Stata permit. Pages 1
Department of H
important: if itsi
any injury or ott
once. 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Cambridge Crematory 10/31 Cambridge, MD 22. Nama and Addrass of Facility
Framptom-Hawkins-Eskow Funeral Home 21. Signatura of Funaral Sarvice Licensee Eskow Nichail Box 43, Federalsburg, MD 21632 23a. Part 1. Entar tha disaase, or complications that causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Immediate disaasa or condition rasulting in deeth) e. Self inflicted gunshot wound to head Examiner Dua to (or as a consequanca of): Examiner physician end s the burief-trensit The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated avants rasulting In daeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequanca of) for use es signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? s certificate hes director, pege 2 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: Be 25. Was case rafarred to medical 26. Piaca of Deeth (Check only ona) examinar? Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 2□ No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 24 hours after death.
Funeral Director: After this etely filled in by the funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. fnjury at Work? Certification: 5 Panding invastigation 1 Naturel 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 4 Homicide 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) edicai 1 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On tha best of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and place, and dua to the causa(s) and mannar stated. 29a. Certifiar To the Hosp within 24 hou To the Fune completely fi (Check only 29b. Sigratur and titia of certifiar 29c. Licansa number 29d. Data signed (Mgnth, Day, Year) 30. Nama and eddress of person who complated causa of death (Itam 23a) (Type, Print) David A. Stout, M.D. Memorial Hospital 219 S. Washington St. Easton, MD 21601 32. Registrar's Signatura

John Wheeler Kardall 31. Data filed (Month, Day, Yaar) State 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene 96 34 127

					(Certifica	ate of			Reg. No.	0) 4 1 6	4-1
	Dharaial		1. Decedent's Neme (First, Middle, La						2. Date of De		Year	3. Time of	
	Physici /Medic		milded T.	Strack					October		96	835	pm
	Examir		4e. Fecility Neme (If not institution, give		1			4b. City, Town, or					
			Charlestown 1	cone cer	· hu			Batons	5 V. 1/4	3-	1 tim	iun	
	Funeral Director		3//-32-3100	Gex 7. Ag I□M 2□XF	e (In yrs. last birth	mday) If Und Month	der 1 Year ns Deys	if Under 24 Hrs Hours Min.	(Month, Da	th y, Year) , 1893	9. Birthpi Coun N Y	iace (State o	or Foreign
	and **		Usual Residence of Decedent 10a, State 10b, County		10c. City, Town	or Location					T	0d. inside Ci	ity Limite
	Manyti f sho	ō		D	Severn		1-				"	1 🗆 Yes	0.00
	tha tha 288-	ect	MD Anne Al	<u>xundel</u>	severn		Zip Code			10g. Citizen of V	What Cour	dn/2	
	ath with the Marylan 23e or 28e-f show	Funeral Director	380 Sheffield			2	1146			USA	viidi Oodii		
21215-0020	i within 72 hours aftar daath with tha Maryland ilene. than "natural", or items 23a or 28a-f show the Medicel Examinet must be notified at	by	11. Marital Status 1 ☐ Never Marrled 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 1 If Yes, Give Year or Dates:				lispanic Origin? (S en, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		e - America ck, White, o	etc.	
15-0	natu	Completed	15. Decedent's E (Specify only highest gre	ducation ade completed)		Decedent's U: 'Give kind of the life. DO NO?	work done	during most of wo.	rking	16b. Kind of Bi	usiness/ind	Justry	
212	70 70 10	ошо	Elementary/Secondary (0-12)	College (1-4or 5	5+)			acher		Schoo	1 Sy	stem	
	be filed tal Hygi d other event,	Bec	17. Father's Name (First, Middle, Last,					18. Mother's Na	me (First, Middle	, Maiden Suman	ie)		
/lai	should bud Manta	To	Arthur Thurb	er				Alice	Vosbu	rgh			
Maryland	U 02 00 00		19a. informant's Name/Relationship (and Number or Ri					
	1 and Haalth am 27		Doris S. John	s/daught	-			ld rd.,	Sever				146
ore			20e. Method of Disposition 1 Buriai 2 □ Cremation 3 □	Removal from State	20b. Place of I cametery	Disposition (^ r, crematory o	vame of or other place	ce)	Oct 24	20c. Location -	City or To	wn, State	
E m	ment ant:		4 ☐ Donation 5 ☐ Other (Specif		Glen	Have	n Cei	metery		Glen	Burn	nie,	MD
Baltimore,	permit. Pagas Department of Important: If it any Injury or once.		21. Signature of Funeral Service Licer		-	Bar	ranci	ss of Facility O and S	ons Fu	neral H	Home	MD	2117
t			23a. Pert1. Enter the disease, or com shock, or heart teilure. List only	plications that caused one cause on each lin	I the deeth. Do no	ot enter the m	ode of dyir	cnie Hw ng, such es cardla	c or respiratory a	verna l	ark	Approximete interval Bet	ween
	Physician / /Medical		Immediate Cause (Final								1	Onset and I	
	Examiner		diseese or condition resulting in deeth)	e. (o	ng rec.	ST	ves					Days	>
		e e			Due to or es a co	onsequence o	of):						
	uted d ansit	Examiner	Secure of the link one stitles of	b. ———	Due to (or as a co	needuence o	wa\.				<u> </u>		
o,	tificate be axecuted g physician and as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or as a co	N ISOQUOI ICO C	и).				1		
68760,	ate be hysici	edical	Ceuse (Disease or injury that initieted events resulting in death) Last	C. ———	Due to (or as a co	nsequence o	f):						
		Mec		d									
Box	death cer a attandin ed for use	lan/		d									
0	the deay tha a	Physician/M	Part II. Other significant conditions of	ontributing to death be	ut not resulting in	the underlying	g cause giv	en in Part I.	23b. Did	tobacco use co	ntributs to	the cause o	of death?
<u>a</u>	that the de ned by tha a datached i								10	Yes 28 No	3 Prob	ably 4	Unknown
Records,	aw requires is been sign 2 should be	Completed by								an autopsy omed?	cor	ere autopsy t eilable prior t mpletion of o death?	10
æ	0 - 0	Com							10	Yes 20 No	1[Yes 2	No
Vital	ysician: The is cartificata director, pag	Be	25. Was case reterred to medical examiner?					26. Placa of De	ath (Check only	one)			
of V	0 0	ည	1 Yes 2 No	Hospital: 1 ☐ inpatie	nt 2 ER/Outp	patient 3	DOA Oth	er: 4 Hivrsing I	lome 5 ☐ Resi	denca 6 □Oth	er (Specify)	
o u	ding Pi h. After ti funera	Certification:	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of injur (Month, Day		ury	28c. injur Wor	k?	28d. Describe	how injury occur	red		
Sio	Attanding ir death. actor: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not b	0		М		Yes 2 No					
-	il or Attand efter death Director: / d in by the f	Ē	4 ☐ Homicide determined	28e. Plece of Inju- building, etc	ury - At home, tarr c. (Specify)	n, street, tect	ory, office		28t. Location (Street and Numb wn, State)	er or Rura	/ Route Num	ber,
L	To the Hospital or Attanding Ph within 24 hours effect death. To the Funeral Director After thi complately filled in by the funeral		29a. Certifier 17 Certifying Ph	yeician: To the best of	nt mu knowledec	death accurr	ad at the str	no data and size	and due to the	noused/al and a	nner en c'	ated	
	24 hos Fun ately	edicai	(Check only 2 Medicai Exan	niner: On the basis of and manner sta	examination and	or Investigation	on, in my o	pinion, death occu	irred at the time,	date and piece,	and due to	the cause(s	;)
	vithin To the	Me	29b. Signature and title of certifier			2	9c. Licans	e number		29d. Date signe	d (Month, I	Day, Year)	
	->-0		1/1	2/ 4	7)		124	7447		October	73	1496	
		ŀ	30 Neme and address of person who	completed cause of d	eath (Item 23a) (T	'ype, Print'			1				
_			Hodan Citu	711	Main	Cho	ice (7447 _ine (gluns	1.10	1-17		
	Sta		31. Date tiled (Month, Day, Year)	32. Registra	ar's Signature	Randelle							

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Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

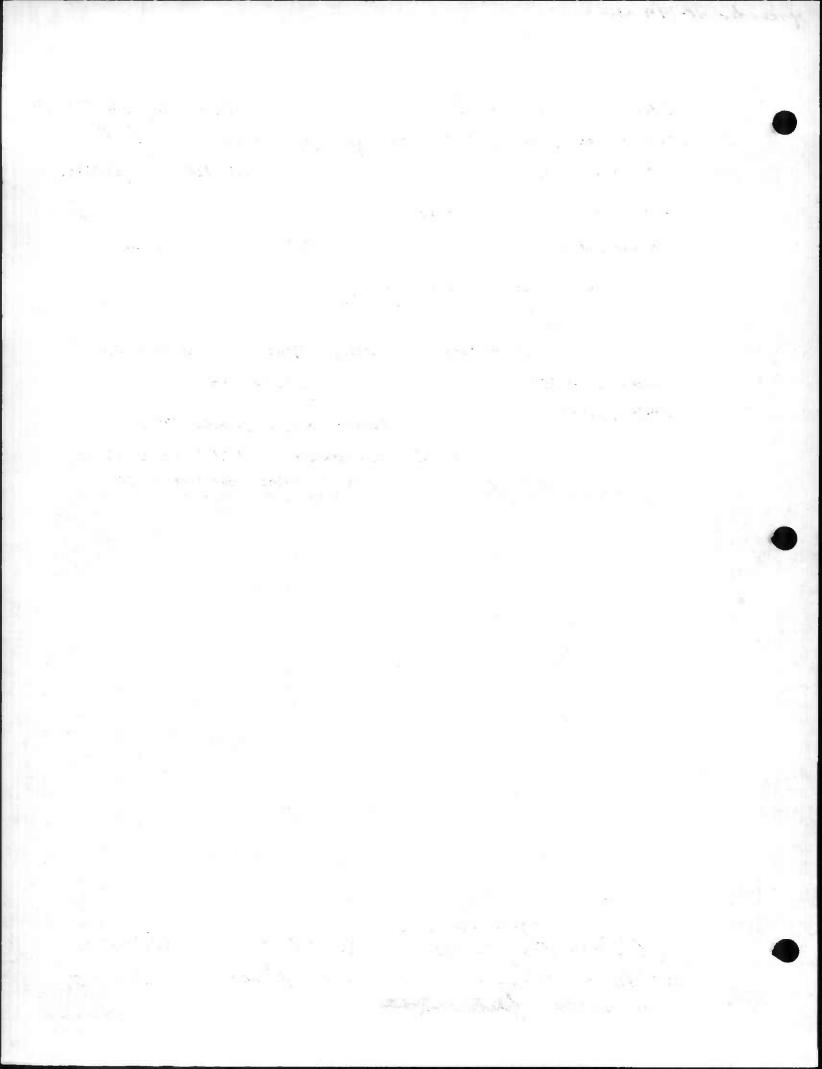
			Certificate of		Mental Hy		10 34	12
1. Decedent's Name (First, Middle, Les	st)			20007	2. Dete of De	Reg. No.	3. Ti	me of D
ian Tacis 16	Set-Li	FC			Menth	- 26	Year C	10
ner 4a. Facility Name (If not institution, give		1)		4b. City, Town, or	Location of Deat		ty of Deeth	0
	ndel (SON.	Hosp.	Anso	1 Aml	1	AA	
5. Social Security Number 6. Se	ex 7. Age	(In yrs. last birtho	(ay) If Under 1 Year			th .	9. Birthpiece (S Country)	tate or
223-16-7968	M 2□F	74 Yrs	Months Days	s Hours Mir	01/27/	1922	Danvill	Le,
Usuel Residence of Decedent 10a, State 10b, County								
	1	10c. City, Town o	r Location				10d. Insi	200
5		Cary					Х	Yes
	d		10f. Zip Code	27511		10g. Citizen of U.S	What Country?	
2								
11. Marital Status 1 □ Never Married 2 ☑ Married	12. Was Decedent Ev Armed Forces? 1 ₩ Yes 2 □ No		 Was Decedent of If Yes, specify Cut 	ban, Mexican, Pue	Specify Yes or No rto Rican, etc.)	- 14. Ra Bia	ice - Americen India ack, White, etc.	an,
3 □ Widowed 4 □ Divorced	X Yes, Give Year or Dates:	1772	1 ☐ Yes 2 ☐ No	Specify:		Speci	ify:	
		1954	ecedent's Usuel Occu	nation		16h Kind of F	white Business/Industry	
(Specify only highest green Elementary/Secondary (0-12)	de completed)	(G	live kind of work done e. DO NOT use retire	e during most of wo	orking	TOD. TRING OF E	odaniosa ni idustry	
	College (1-4or 5+) 4 yr. colle		ntracting	Officer		State	of N.C.	
17. Fether's Name (First, Middle, Last)				-	me (First, Middle			
George W. Setli	ff			Lois H	Ferguson			
19e. Informant's Name/Relationship (T	ype, Print)	19b. M	ailing Address (Stree	et and Number or F	iurei Route Numb	er, City or Town	n, State, Zip Code)	
Setliff		40	O Glasgow	Road Ca	ary N C	2751	1	
20a. Method of Disposition		20b. Plece of Di	O Glasgow sposition (Name of crematory or other pla	ace)	Date	20c. Locetion	- City or Town, Sta	ite
1 ☐ Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,	Removel from State		coln Crema		10/27/9	5 Bren	twood, MI)
21. Signature of Funeral Service Licens	900		22. Name and Addr	ess of Facility				
Vanue 9	11 (50	120-		M. Taylor				
23a. Part1. Enter the disease, or comp hock, or heert feilure. List only of	fications that ceused th	e death. Do not	enter the mode of dv	uke of Gi	louces le.	1 31., 1	Annapolis	
shock, or heart feilure. List only of	one cause on each line.			ing, such es cardia	c or respiretory e	rrest.	Approx	ximete
			onto the mode of dy	ing, such es cardia	c or respiretory e	rrest,	Approx Interva Onset	I Betw
Immediate Cause (Final	4						Interva Onset	I Betw
Immediate Cause (Final disease or condition resulting in death)	4						Interva Onset	I Betw
Immediate Cause (Final disease or condition resulting in death)	4						Interva Onset	I Betw
Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions.	· Acute Anteri		rdiac sequence of): 2 rotic				Interva Onset	I Betw
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	· Acute Anteri	e to (or es a con	rdiac sequence of): 2 rotic				Interva Onset	I Betw
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Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Du Acute	ue to (or es a con ue to (or as a con ue to (or es e cons	rdiac sequence of): sequence of): sequence of):	Fail Itemr	ure + Dis	5EA5^	Interva Onset	al Betweend Do
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Sp Registrar's Signeture

Julia Davidson-Randalle

31. Date filed (Month, Day, Year)

OCT 2 8 1996 State Registrar



State of Maryland / Department of Health and Mental Hygiene

				Certific	ate of	Death		Reg. No.		07160
	Diservi		Decedent's Nama (First, Middla, Last)				2. Data of De Month		Yaar	3. Tima of Death
	Physici /Medi		Pauline Katherine Stark				Octo		1996	4:15AM
	Examir		4a. Facility Nama (If not institution, giva street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
			Meridian Health Care Ctr. Spa Cr			Annapoli		_	Arun	
Н	Funeral		5. Social Sacurity Number 6. Sax 7. Aga (In yrs. las	st birthday) If Ur Mont	hs Days		8. Data of Bir (Month, Da		9. Birthp Coun	laca (Stata or Foreign try)
i.	Director		028-18-3494 74 Usual Rasidance of Decedant	113.			Aug 27	1922	Mass	achusetts
	yland Mand			Town or Location					11	Od. Insida City Limits
	Man	tor	MD Anne Arundel	Annapol	io					1 X Yas 2 □ No
	r 28	Director	10e. Street and Number		Zip Coda			10g. Citizen of \	What Coun	try?
	th wit	a D	612 Admiral Drive Apt. 385			21401		Unite	d Sta	tes
	dea	Funeral	11. Marital Status 12. Was Decedant Evar In U,S. Armed Forcas?	. 13. Was De	specify Cu	Hispanic Origin? (Sp ban, Maxican, Puarto	pecify Yas or No	- 14. Rac	e - Amaric	
20	or it		1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No		s 217 No		thousing actory	1	Whi	
8	within 72 hours after death with the Meryland ene. than "natural", or items 23a or 28a-f show he Medical Examiner must be notited at	d by	3 Wildowed 4 Divorced Yaar or Datas:							
21215-0020	n 72 nat	Completed	15. Decedant's Education (Specify only highast grada complated)	18a. Decedant's U	work don	apation a during most of work ed)	king	16b. Kind of B	usinass/Inc	dustry
12	withly ene. than	E C	Elemantary/Secondary (0-12) Collega (1-4or 5+)					**		
0	Hygi Hygi Ther		17. Fathar's Nama (First, Middla, Last)	Hom	emake	18. Mothar's Nam	a (First, Middla,		ome	
lan	id be ental ked c	To Be	Charles Henry Shiebler				lolly Wo			
ary	shour nd M mer	-		19b. Mailing Add	rass (Stree	et and Number or Rui			Stata, Zip	Code)
altimore, Maryland	alth a		William Harris Stark-Husband	612 Admi	ral I	Drive Apt.	385 An	napolis	MD	21401
ore	of Ha		20a. Mathod ot Disposition 20b. Plac	ce of Disposition (Nama of		Data	20c. Location -	City or To	wn, Stata
Ĕ	Page nent: H		I Deurial 2 Likeramation 3 Disamoval from State			tory 10/2	9/96	Brentw	ood,	Maryland
alt	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or flarms 23a or 28a-f show any Injury or other traumatic avant, the Medical Examinet must be notified at once.		21. Separature of Eurora Service Licenses	22. Name	a and Add	ass of Facility Joh	n M. Ta	ylor Fu	neral	Home, Inc
œ	89 2 2 9		DESAM			of Glouce				
			23a. Part1. Entar tha disaasa, or complications that causad tha death. shock, or haart failura. List only ona causa on a ach lina.	Do not antar tha	noda of dy	ring, such as cardiac	or raspiratory a	rrast,		Approximata Intarval Between
	Physician									Onsat and Death
	/Medical Examiner		Immediata Causa (Final diseasa or condition	12/21/16	m A				1	20105
	-Autilities	1	rasulting in death) Dua to (or a	as a consequance	of):					2 mc
Т	ped is	Examiner	b	DUXDY	via .					2 yus
- 5	al-trar	хап	if any, leading to immadiate	a consequence	ot):					(-
68760,	s be a	Sai	Cause. Enter Underlying Cause (Disease or Injury that Initiated exerts		- 6				i	
68	eath certificate be asscuted attending physician and for use as the bunel-transit	edicai	rasulting in daath) Last Dua to (or as	is a consequanca	ot):				1	
Box	anding usa	In/M	d				-		-	
0	The law requiras that tha death ce ate has been signed by the attendi page 2 should be detached for usp	Physician/	Part II. Other significant conditions contributing to death but not resulting	Ing in the undertying	ng causa g	ivan in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
Division of Vital Records, P.O.	by th	Phy					10	Yes 2 No	3 Prot	pably 4 Unknown
Ś	as the	by)		
ord	w requiras that been signed t should be det	De le					24a. Was perfo	an autopsy	ava	ara autopsy tindings ailabla prior to
Ö	as be	pje							of o	mpletion of causa death?
E .		Completed					101	Yas 2 No	10	Yas 2□ No
Vite	Attanding Physician: The lav ar death. ector: Aftar this certificate has by the funeral director, page 2.	Be	25. Was casa raferred to madical axaminar?			26. Placa of Deal	th (Check only o	ona)		
0	Physic this c	To			DOA			dance 6 □Oth)
5	Jing I	tion	1 Natural 5 Panding (Month, Day Year)	8b. Tima of injury M	28c. inje	ork? ∃Yas 2 □ No	280. Dascribe	how injury occur	red	
S	or Attending after death. Director: After I in by the fune	fical	2 Accidant invastigation 3 Suicida 6 Could not be detarmined 28e. Place of Injury - At hom.				28f Location (Street and Numb	er or Rura	l Routa Number
≧	after Direct	Certification:	4 Homicida detarmined building, atc. (Specify)	a, raini, stroot, tat	nory, onice		City or To			r route rumon,
	spita nours neral y fille		29a. Certifier Certifying Physician: To the best ot my knowle	adga, daath occur	ed at the t	ime, date and place,	and dua to tha	causa(s) and ma	annar as st	ated.
	To the Hospital or Attanding Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai	(Check only one) 2 Medical Examiner: On the basis of axamination and manner stated.	n and/or invastigat	lon, in my	opinion, daath occur	red at tha tima,	data and place,	and dua to	tha cause(s)
	To th	₹	29b. Sign three and titla of certifian		29c. Licar	sa number		29d. Data signe	d (Month, I	Day, Year)
			Oprosella Dh.D.	D. 0.	H	36078		Octobe	0 29	1996
			30. Nama and addrass of parson who complated causa of daath (Item 23	3a) (Type, Print)		("				7
			STEUEN Fuller 900 BESTAME	157. 7.	2/12	500,1	wint	pelis M	0	1996 21401
	Sta	222	31. Data tiled (Month, Day, Yaar) 32. Registrar's Šignatur	ra /	•	ľ	,	1		
	Registr	ar	OCT 3 0 1996 Julia Davidse	on-Aandell	•					

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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

34130

_						Cer	lilicale	UI	Dealii			Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, Carl Andrew	Steele, Sr.							2. Dete of Do	er 30,19	96 ^{er}	3. Time of Death 3:00 A.M.
	Examí		4a. Facility Name (If not institution, 5905 Delta		r)				4b. City, To Camp		ngs			George's
	Funeral Director		577-09-0620	5. Sex 7. A 1 M 2 □ F	Age (In yrs. last b	irthday) Yrs.	If Under 1 Months	Year Days		24 Hrs. Min.	8. Dete of Bi June 1	8,1913	9. Blith Was	nplace (State or Foreign Inlington DC
	pu *		Usual Residence of Decedent 10e. Stete 10b. County		10c. City, Toy	um or Loc	ation							404 (14-01-11-11-1
	Ba-f sho	Director	Maryland Prince	George's	Camp									10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	节 6	Oire	10e. Street and Number	T			10f. Zip C		00016			10g. Citizen of		untry?
	23a	La	5905 Delta	Lane				4	20746			0.8	5.A.	
07	filed within 72 hours efter deeth with the Maryland Hyglane. ther than "natural", or fterns 23a or 28e-f show ont, the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Merried 2 Marrie	12. Was Deceden Armed Forces d 1 Yes 2 If Yes, Give	?		/es Decede Yes, specif				ecify Yes or N Rican, etc.)	o- 14. Ra Bie Specii	ck, White	
000	araf.	d b	3 Widowed 4 Divorced	Year or Detes	:							Specia	y VVI	ite
21215-0020	natu	Completed	15. Decedent's (Specify only highest	Education grade completed)	188	(Give k	ant's Usuel	done	during mos	st of work	ing	16b. Kind of B		ndustry Bank of
121	Pan Pan	m	Elementary/Secondary (0-12)	College (1-4or	r 5+)	life. D	O NOT use	retire	nd)			Washir		
	hygia her t	ပိ	12	4	Bo	okke	eper/	Tel		1.01				
Maryland	ges 1 and 2 should be filed within 72 hc tt of Health end Mental Hygiane. If flem 27 Is marked other than "natur or other traumatic event, the Medical	To Be	17. Father's Name (First, Middle, L Alvin Ste	eele						Jenn Jenn		e, Maiden Sumai Oper	ne)	
a	2 sho		19a. Intormant's Name/Reletionshi									ber, City or Town		
	1 and Health em 27 ther tr		Eleanor M. S	teele					ane Ca	imp S	prings	, Maryla	and 2	0746
Baitimore,	permit. Peges 1 and Department of Health Important: If Nem 27 any Injury or other to once.		20a. Method of Disposition 1X Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe		20b. Plece comete Ceda	of Dispos e <i>ry, cre</i> m r Hi	ition (Name atory or oth 11 Cei	of er pla met	ery N	lov.	1,1996	20c. Location Suitla		Town, State Maryland
ait	permit. Pe Depertment Important: any Injury		21. Signature of Funeral Syrfice Li	bensey/	1	22.	Name end	Addre	ess of Facili	ty Lee	Funer	al Home,	Inc	
m	Depen Impo		1/1/1/	101	/_									Md 20735
			23a. Part1. Enter the disease, or c shock, or heert tailure. List o	omplications that cause	ed the death. Do									Approximate Interval Between
68760,	Physician /Medical Examiner per our pe	icai Examiner	Immediate Cause (Finat disease or condition resulting in death) Sequentially list conditions, if erry, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. Chry	Due to (or as a Due to (or as a	consequ	ience of):	q.	-cli aili	em	-ulr	wna	7-06	sen.
Box 68	th certifice tending ph or use es th	Physician/Medical	resulting in deeth) Last	d										
P.0.	The law requires that tha death ate base been signed by the atterpage 2 should be detached for a	by Physici	Part II. Other significant condition	e contributing to death	but not resulting	in the un	derlying cau	ise gh	ven in Part	r.		tobacco use co	3 Pr	to the cause of death?
Records,	aw requires ts been sig 2 should b	Completed b										s an autopsy ormed?	6	Vere autopsy tindings valleble prior to ompletion of cause f death?
ď	The law ate has page 2	E O									1 🗆	Yes 2 No	1	Yes NA
Vitai		Bec	25. Wes case reterred to medicat						26. Place	e of Deat	h (Check only	one)	1	
>	Physician: r this certificant and director,	To B	examiner? 1 ☐ Yes 2)() No	Hospital:	tient 2 ER/O	utoatient	3□ DOA	Ott	her			idence 6 Oti	ner (Sner	rifu)
of	를 를 들		27. Menner ot Death	28a. Dete of Inj	jury 28b.	Time of		: Inju	_	aromy rio		how injury occu		"")
O	dling th.	tio	1 Natural 5 ☐ Pending 2 ☐ Accident Investige	(Month, D	ay Year)	Injury	М		rk?]Yes 2	No				
Division	l or Attending I efter death. Director: After d in by the funer	Certification:	3 Sulcide 6 Could no 4 Homicide determin	t be 28e. Piace of Ir	njury - At home, t	arm, stre	et, factory,	office			28f. Location City or To	(Street and Num own, State)	ber or Ru	ral Route Number,
	To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by th	edical Ce	29a. Certifier (Check only one) 12 Certifying 2 Medical Ex	Physician: To the best caminer: On the bests of and menner s	of examination at	e, deeth nd/or inve	occurred at estigation, in	the tie	me, date an opini <i>on</i> , des	nd place, ath occurr	and due to the red at the time	cause(s) and m	enner es and due	steted. to the cause(s)
	Within To the	W	29b. Signature and title of certifier	_			29c. l	Licens	se number			29d. Date signe	ed (Month	, Day, Year)
			min	Pella	elis.	•	1	110	12/	2		10	-31	-96
			30. Name and address of person w	no completed cause of	death (Item 23a)	(Type D	Print)	1	000			10	01	10
			M. Far Tale	ghanı M.D.	4467 OL	e Br	anch I	Ave	enue	#201	Templ	e Hills	Md 2	0748
	Sta Registr		NOV 0	1 1996 Pegist	July a dux	descri	Cardall							



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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physic
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.

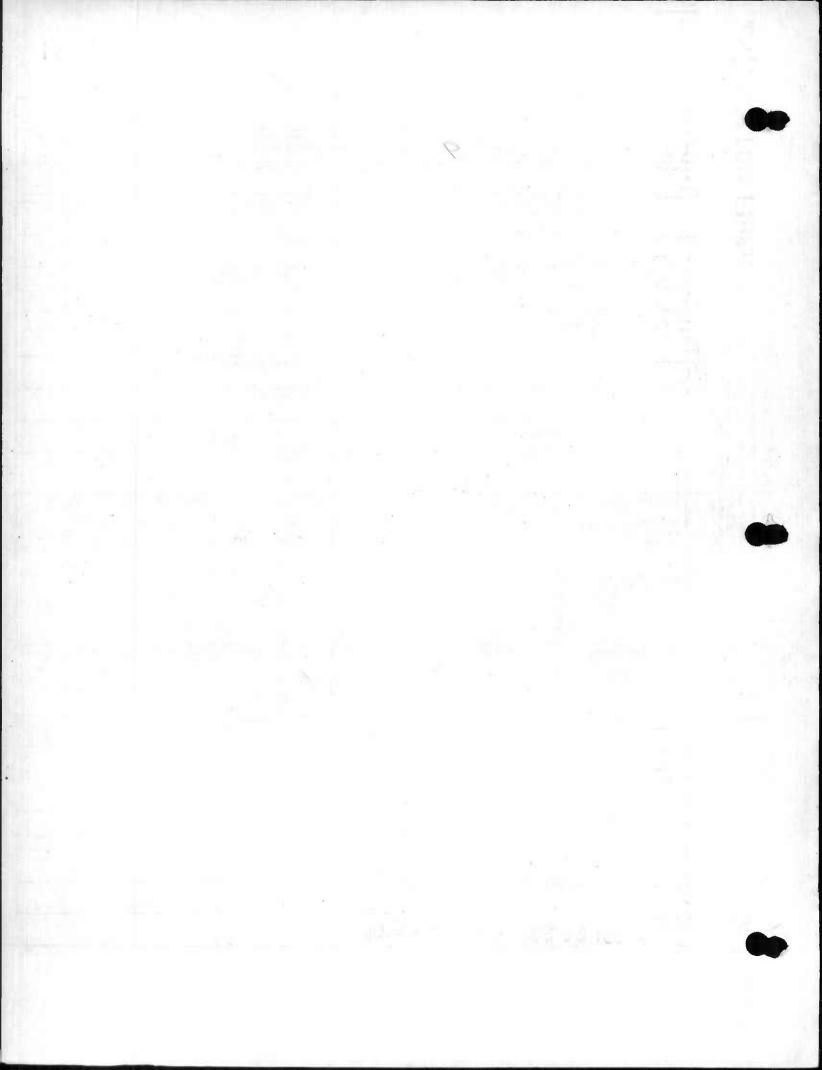
TO THE RUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	HEGISTRAH				CERTIF	-ICAIL	UF	DEAL	I II	REG. NO).		
- 2	1. DECEDENT'S NAME (First, Lloyd Franc		1								MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB									October 1			4:00 P
п			5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) December	1905	8. BIRTI	HPLACE (State or Foreign ry)
	218-09-3			DO	YRS.	111111111111111111111111111111111111111				December	23,	Wen	t Virginia
	90. FACILITY NAME (If not in	stitution, give at	treet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF D	EATH	9c. COU	INTY OF E	
	Frederick H	lealth	Care Cen	ter		Fred	leri	ck			Free	deri	ck
	Frederick H												
ļ	10a. STATE	10b. COUNTY			10c. CI	TY, TOWN C	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland	Freder	cick		Wal:	kersv	i11	e					1 YES 2 NO
	10e. STREET AND NUMBER							. ZIP CODI	E		10g. CIT	IZEN OF V	WHAT COUNTRY?
	200 Chapel	Count	Heit 21	2			2	1793					
-	11. MARITAL STATUS	COULT	12 WAS DECEDENT	EVED IN II C	ADMED	12	_		AC LUCBA	NIC ORIGIN? (Specify Ye	USA	44 040	
	1 T Never Married 2	Married	FORCES? 1	YES 2	™NO		If yes, sp	ecify Cubs	n, Mexica	in, Puerto Rican, etc.)	a or No-	Blac	E — American Indian, k, White, atc.
	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specif	y:		Spec	
	15 050	EDENT'S EDUC	ATION!	1 40.					_				White
		highest grade		184	(Give kind of	work done	during mo	ON ast of working	ng	16b. KIND OF BU	ISINESS/IN	DUSTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5+)	Ille. Do NOT u	ise retired.)							
	10				het					privat	ees	state	
	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Malder	Surname)		
	Lloyd (NMN)	Steel	L					Bert	tha	Rebecca Og	den		
Ì	19a. INFORMANT'S NAME (7)				19b. MAILING	G ADORESS	Street i			Route Number, City or Tox		o Code)	
	Virginia Se	rkiz.	niece							lkersville			nd 21793
ı				20h BI (CE AND DATE		-		,		CATION —		
	20e. METHOD OF DISPOSITI		ovel from State	cematery	y, crematory or	other place)				10/18			
	4 Deviation 5 Other 21. SIGNATURE OF FUNERAL		-	Hag	erstow								Maryland
ı	21. SIGNATURE OF PUNERAL	L SERVICE CIT	ENGE	,		22.	NAME A	NO ADDRE	SS OF FA	Stauff	er F	uner	al Home
	TIM	11		4.00		16	521	Opon:	eumt	own Pike,	Fred	eric	k, MD 2170
7	23. PART i. Enter the di	200202	omolications that	caused the	doeth Do	not enter	the me	do of du	lan au	h an anadian an area	1		1. 4
П	shock, or he	aart fsllure. I	List only one caus	se on each	iina.	not enter	the me	de or dy	ing, suc	ii as cardiac or resp	iratory ar	reat,	Approximate interval Between
ı	IMMEDIATE CAUSE (Fin	nai		6) .		-) <	1			Onset and Death
	resulting in deeth)	→ ,		1	em	relo	27	1	lon	luce			Gears
	and a second		OUE TO	OR AS A CO	NSEQUENCE C	DF):	1			100			
				a	sty	m	on	0	Co	PD.			Jens.
	Sequentielly list conditi		DUE TO	OR AS A CO	NSEQUENCE C	OF):		9					
	cause. Enter UNDERLYI	NG											
1	CAUSE (Disease or inju that initiated events	ry 🥻 s	OUE TO	OR AS A CO	NSEQUENCE C	DF):	_						-
	resulting in death) LAS'	т											
			1			_	-						
	PART il. Other eignifica	nt condition	s contributing to	deeth but n	ot resulting	In the un	derlyin	g ceuee g	given in	Part I. 24e. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
ı	61		tous a							PERFO	N 2	180	AVAILABLE PRIOR TO COMPLETION DF CAUSE
1		- CVIII	0.4							1 TYES	CHO		OF DEATH?
ı											/		1 □ ARR 5 NO
1													
	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL.						ACE OF D	EATH (C)	ack only owj			
1	1 YES 2 XNO		HOSPITAL:	ER/Outpatier	ACID C In	A X Nur		s 5 (1) No	aldence	6 Other (Specify)			
1	27. MANNER OF DEATH		28s, DATE OF	_	20b. TH	Annual Contraction of	-	URY AT	-	28d. DESCRIBE HOW	numer oc	CURRED	
1	LO Natural 5	Pending	(Morm, Dr	si Wari		UURY	WC	RK7	Tho	3,000	all all as	-	
1	The state of the s	investigation	20. 00.000.00	· ·			10		1 MO				
1		Could not be determined	26e. PLACE Of building,	Mc. (Specify)	M home, farm,	street, fact	ory, affic	•		28f. LOCATION (Street Gity or Town, State		r or Ruser i	Route Number
L	4. C. Hometon	outermyced.		10000000	_					NAME OF THE OWNER, THE		_	
1	296. CERTIFIER 1 CERT	TEYING PHYSIC	CIAN: To the best of	my knowledge	s, death occur	red at the t	lme, date	and place	and due	to the cause(s) and me	noar as sta	nid.	
1													s) and manner as stated.
1			1//			100				man, and and place, a		ne cousel	a) and marmer as stated.
ı	296. SKINATURE AND TITLE	OF CENTRIUM	///		- 5			29c. LICE	ENSE NU	WIBEN	29d, DA7	E SIGNED	(Month, Dec Year)
		11						0	26	499	1	10-	18-96
	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	e, Print)		-					
	P	d	I bu	1101	_ 4	1	/	we	11	1), 11.	L11.	7 .	2el 2 77
-	31. DATE FILED (Month, Day,	Ybar)	32. REGISTRA	R'S SIGNATIN	RF -	9	01	we	6	PI. MI	1	my	, wastl
	OOT	2 5 19	32. REGISTRA	a dance	Lor Ros	1.12						/	
JL	UG	50 D	JU /			and)							



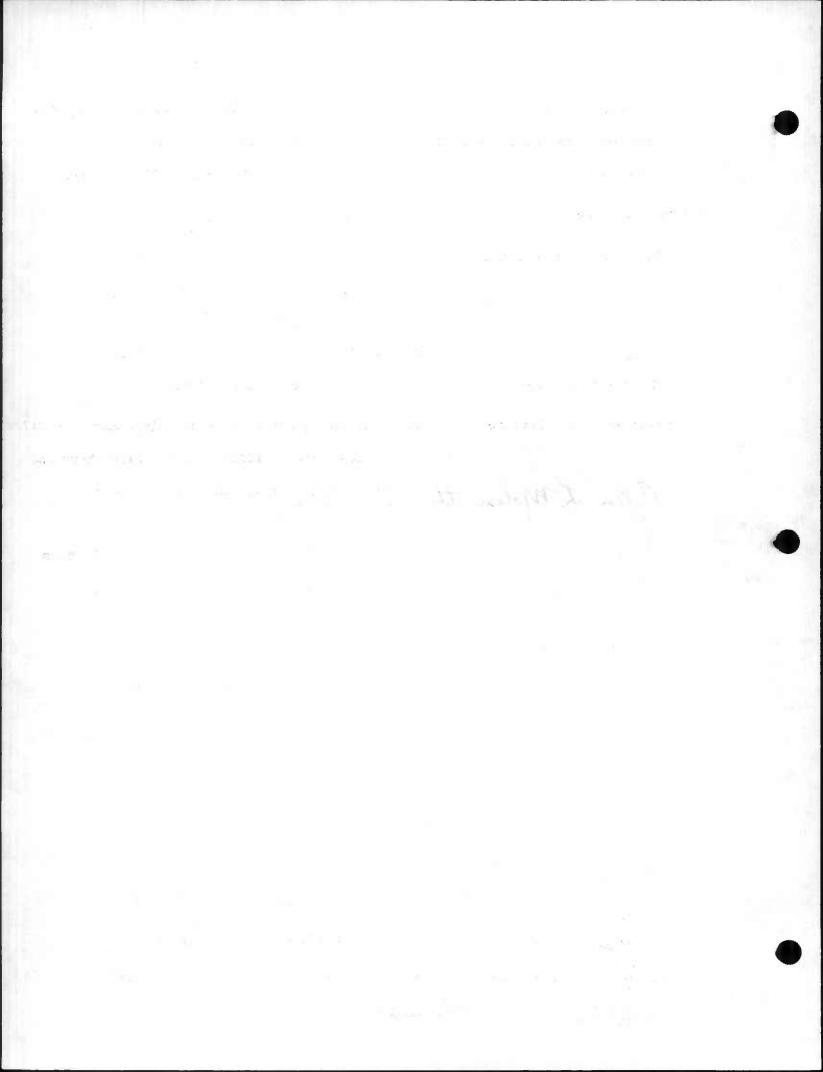
				State	of Mary		epartmer C <i>ertificat</i>			ind Me		giene 9	6 3	41	32
ľ	Physici /Medic		Decedant's Nama (First, Middla, L		IARD M	IcLAUGH	LIN SMI	тн			2. Data of Da Month Oct.	ath	yaar 996	3. Tima o 8:50	
	Examir		4a. Facility Nama (If not institution, g. Homewood Retirem						-	vn, or Loc eric	ation of Death	4c. County			
	Funeral Director			Sax M 2□F		yrs. last birth	Months	1 Yaar Days	If Under 2 Hours	24 Hrs. Min.	8. Data of Bir (Month, Da Dec 2	th ly, Year)	9. Birthpla Countr Penns	v) .	
more, maryland 21215-0020	permit. Pegas 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Heelth and Mentel Hygiene. Introportant: If them 23a or 28a-f ahow any injury or other traumatic event, the Mexical Examiner must be neithed at once.	To Be Completed by Funeral Director	Usuei Rasidance of Decadant 10a. Stata 10b. County Maryland Frederi 10e. Street and Number Homew 31 West Patrick 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced 15. Decedant's E (Specify only highast g) Elamantary/Secondery (0-12) 17. Fathar's Nama (First, Middla, Las A. Lemuel Smith 19e. informant's Name/Ralationship Linda S. Mullinea 20e. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Othar (Spec	Street 12. Was Dec Armed Find Yas, G Yaar or Declaration College (t) (Type, Print) Lux/Daug	Fireme codant Evaluation (case? 24 No lival valuation (case) (1-4or 5+)	19b. 1 10b. Place of I camatary	ck ter 10f. Zig 13. Was Decelf Yas, spe 1 Yes Decedant's Usus Giva kind of word fia. DO NOT u Manage	217 dent of Foify Cub. No all Occup rk dona sa ratire r (Street p SOI ma of thar pla	dispanic Origan, Maxican, Specify: Dation during most 18. Mother Haid and Number 18 Mil	of working	g (First, Middle, Smith Route Numb ad, Ke	Specify 16b. Kind of Bo Potomac Malden Surnan	What Countre A. De-Amarical Ck, Whita, at White States, Zip Carylan City or Tow	on Co	20 No
Baitimor	permit. F Departme Importan any injur		21. Signature of Funaral Sarvice	20	~		22. Nama ar ROBERT 1201 NO	Addra E. I	SS of Facility DAILEY MARKE	& SO	ON FUN	ERAL HON	MES, P	.A. AND 2	21701
ķ.	Physiclan /Medical Examiner	1	23a. Part1. Entar tha disaasa, or conshock, or heart feilura. List only immediata Causa (Final disaasa or condition rasulting in death)	ona causa on :	1	Kucy	or antar tha mod	la or dylr	as con as co			rrest,	1	Approxima: ntarval Bai Onsat and	tween
120 X	w requires that the death certificate be executed been signed by the ettending physician end should be deteched for use as the buriel-transit	n/Medical Examiner	Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disaase or Injury that initiated evants rasulting in death) Last	b			nsequance of):								
	ha death rthe etter ched for u	Physician/M	Pert ii. Other significant conditiona	contributing to d	leath but no	ot rasuiting in t	he undarlying o	ausa giv	an in Part I.		23b. Dld	tobacco use co	ntribute to 1	he cause	of death?
ν, Γ	gned by be detec	by Ph									10	Yes 2 Tho	3 ☐ Probe	ibly 4□	Unknown
records,	The law requires that that ate has been signed by the page 2 should be deteched.	Completed										an autopsy emed?	com	a autopsy able prior plation of o ath?	to
VILAI	sician: The law certificate has t lirector, paga 2 s	Be Cor	25. Was casa refarred to medical						26 Place	of Death	(Check only		10	Yas 2□] No
<u> </u>	Physicle this cert al direct	To B	examiner? 1 Yas 2 No	Hospital:	inpatiant	2 ER/Outp	atlent 3 D	OA Oth				dance 6 Oth	ar (Specify)		
NISION OI	to the Hospital or Attending Physicien: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Mannar of Death 1	on	of injury oth, Day Ye	ar) 28b. Tir	na of 2 ury M	8c. injui Woi 1 □		2		how injury occur			
5	ital or At irs efter or rai Direct lied in by		4 Homicide datamined	288. Place build	ling, atc. (S	pecify)	n, streat, factor				City or To				nber,
	the Hosp hin 24 hor the Fune npietely fi	Medical	29a. Cartifiar (Check only one) 2 Madical Exa	miner: On tha b	a best of my pasis of axa nar stated.	/ knowledge, omination and/	or Invastigation	, in my c	pinion, daati	d place, ar h occurre	nd dua to tha d at tha tima,	data and place,	and dua to t	ha causa(s)
	or V	-	29b. Signatura and titla of certifier	1.0	lū	J.	1		64	26	3	29d. Data signe	22\		
			30. Name and addrass of person who Casper E. Cline	III. MD	300	West	Ninth S	tree	et, Fr	eder	ick, M	aryland	21701		
	Sta Registr		31. Data filed (Month, Day, Year) OCT 2,3 19	96. F4	agistrac's t	Signature Lear Ra	Sall								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** Month Phyllis L. Shane October 19, 1996 5:42PM /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foraign Country) 1□M 210 F Days Yrs. Director 55 213-40-3189 March 1, 1941 Maryland Usual Rasidence of Decedant the Maryland 10a. Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Maryland the Medical Examiner must be notified Director Frederick Mount Airy 1 Yas 2 No 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ŏ 5019 Old Bartholows Road items 23a 21771 deeth American 12. Was Dacedant Ever In U,S. Armed Forcas? 1 ☐ Yas 2 짇 No 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. pernit. Pages 1 and 2 should be filed within 72 hours effer of Depertment of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or iter any injury or other traumatic event, the Med cal Enant and policy. 1 Nevar Marriad 2K Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 ☐ Widowad 4 ☐ Divorced Completed 15. Dacedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantary/Sacondary (0-12) Collega (1-4or 5+) Homemaker 10 Own home. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be George E. Chaney Mary Leanna Reaver 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Straat and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) Rhonda Stevens - Daughter 5015 Old Bartholows Road, Mount Airy, Maryland 21771 of Disposition (Nama of Data 20c. Location - City or Town, Stata 20a, Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 1 X Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Marvin Chapel Cemetery 10/23 Mount Airy, Maryland 22. Nama and Addrass of Facility Olin L. Molesworth, P.A., Funeral Home 26401 Ridge Road Damascus, Maryland 20872 Approximata intarval Between Onset end Death **Physician** /Medical immediata Causa (Final disaasa or condition rasulting In death) 2 years Examiner Dro Physician/Medical Examiner The law requires that the daath certificeta be executed tha buriel-trensit Sequantially list conditions, if any, leeding to immediate causa. Entar Undarlying Ceusa (Disaasa or Injury thet Initieted avants resulting In daath) Last P.O. Box 68760, Due to (or as a consequance of): USB 88 signed by the ai Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 KNo 3 Probably 4 Unknown Records, þ page 2 should 24b. Were autopsy findings eveilable prior to complation of cause of death? Be Completed 24a. Was an eutopsy performed? After this certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No of Vital or Attending Physician: director. 25. Was cesa rafarred to medicel axaminar? 26. Pleca of Daath (Chack only ona) Hospitel: 1 ☐ Inpatient 2 SEER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 2 1 Yas 2 No the funeral 27. Mannar of Death 28a. Date of Injury (Month, Dey Year) Certification: 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? Division 5 Panding invastigation 1 Natural To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: A 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not ba 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Numbar or Rurel Route Number, City or Town, Stata) filled in by 4 ☐ Homicide 154 Certifying Physician: To tha best of my knowledge, deeth occurred at tha time, date end plece, and dua to tha causa(s) and manner es stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. Medical 29a. Certifier completaly (Check only one) 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Day, Yaar) 10-21-96 30. Nema and addrass of person who completed ceusa of death (Itam 23a) (Type, Print) HASSEN 801 TULL HOUSE DUE MD 2170 S 32. Begistrer's Signatura 31. Data filad (Month, Day, Year) State 22 Registrar

DHMH 16 Rev 6/95



			riease	State of Ma		d / De	epartment of Certificate of	Health and I	Mental Hy	T	6 3	4134
	Physic /Medi		1. Decedant's Nama (First, Middia, La	•	Р.			CUM	2. Data of Dea Month	ath Day	Yaar 996	3. Tima of Death
	Exami		4a. Facility Nama (If not institution, git Montgomery Gener		1			4b. City, Town, or l		4c. County		v
	Funerai Director		5. Social Security Number 6. 220-03-1985	Sax 7. Ag	a (In yrs. ie	ast birthd Yrs	Months Days	r if Undar 24 Hrs.	8. Data of Birt (Month, Day March 2	h		e (Stata or Foreign
100000000000000000000000000000000000000	death with the Maryland me 23e or 28e-f show croust be notified at	tor	Usual Rasidance of Decedant 10a. Stata 10b. County Maryland Montgon	erv		Town or	r Location				10d.	Insida City Limits 1 ☐ Yas ≱©No
	e or 28a be noti	Directo	10e. Street and Number	•			10f. Zip Coda	2070		10g. Citizen of V		?
	72 hours after death w natural, or items 23s ácal Examiner must i	by Funeral	26617 Ridge Ros 11. Marital Status 1 □ Navar Married 2⊠ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forcas? 1 □ Yas 2 ☑ I If Yas, Giva Yaar or Datas:		5. 1	I3. Was Decedent of If Yas, specify Cu		pecify Yas or No- Rican, atc.)	America 14. Raca Blaca Specify	e - Amarican ck, Whita, atc.	
	within 72 h one. than "natu he Medical	Completed	15. Decedant's E (Specify only highast gr Elamantery/Secondary (0-12)	ducation ada completed) College (1-4or 5	i+)		ocedant's Usual Occu liva kind of work doni a. DO NOT usa ratin acher - Pi		king	Montgor Public	mery C	ounty
, Marrier 1	should be filled nd Mental Hygi- marked other umatic event, to	To Be (17. Fathar's Nama (First, Middla, Last Walter Slacu	m					Phill	ips		
5	Pages 1 and 2 st vent of Health and nt; if fleen 27 is n rry or other traus		19a. Informant's Name/Ralationship (Martha B. Slacum 20a. Mathod of Disposition 1⊠ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specia	- Wife	20b. Pie	266 aca of Di	ailing Addrass (Stree 617 Ridge sposition (Nama of cramatory or other pl 1s Methodi	Road, Dan	Data	Maryland 20c. Location	1 208 City or Town	872 , Stata
	permit. Departm Importa any inju		21. Signature of Funero Sarvice Lice 23a. Part1/Enter tha Isaasa, or comshock, or handle lidera. List only	M/ DD.)		22. Name and Addi	rass of Facility	D A	П 1	77	20872
	Physician /Medical Examiner		shock, or hear failura. List only Immediata Causa (Final disaasa or condition rasulting in death)	a.	rte			ardial		Sanctio	1	arval Between nset and Death
	ate be executed hysician end he burial-transit	Ilcai Examiner	Sequentially list conditions, if any, leading to immadiate cause. Entar Undarfying Causa (Disaase or Injury that initiated evants rasulting in daath) Last	C			sequanca of):					10
	deem cermicate e attending phys od for use es the	an/Medi	Lossing in Statin, East	d							1	
)	ach th	by Physician/M	Part II. Other significant conditions of		ut not rasul			ivan in Part I.		obacco usa cor Yes ZSNo		e cause of death?
	s been s 2 should	Completed to							24a. Was perfor	an autopsy rmed?	availa	autopsy findings ble prior to letion of cause hth?
	Da Be	Be	25. Was casa rafarred to medical axaminar? 1 ☑ √as 2 □ No	Hospital:				thor	1 □ Y	na)		as 2 No
	Attending Physic death. Sctor: After this by the funeral d	ation: To	27. Mannar of Death Natural 5 □ Pending 2 □ Accidant invastigatio	28a. Data of Injui (Month, Day	v :	P/Outpa 28b. Time injur	a of 28c. Injury	4 LI Nursing I	oma 5 🗆 Rasid 28d. Dascribe h	lanca 6 ∐Othi		
	to the propriate or Attending Proyectant; within 24 hours effect death. To the Funeral Director: After this certifical completely filled in by the funeral director,	il Certification:	3 Suicida 6 Could not be detarmined	building, ato	:. (Specify)		street, factory, office		City or Tow			
	oute nos vithin 24 hc o the Fun ompletely	Medical		yelcian: To the best of niner: On tha besis of and mannar sta	axaminetic	neuge, da on and/or	r Invastigation, In my	time, date end place, opinion, daeth occu nsa number	rred at tha tima, o	cause(s) and ma deta and place, a 29d. Data signed	and dua to the	a cause(s)
ŀ	- ≱ ⊨ ŏ) John 1	au bac	here	\$	Do	58541		OCT	22	1996
			30. Nama and address of person who	completed causa of de			6-	2500	UIS	AUE	2	Thorder

State Registrar

31. Data filed (Month, Day, Year) 0CT 25 1996

Amended Line 199, FCHD
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Desemble **Physician** Shook 23, 1996 Leora Anna Mary October 11:55 IM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death Examiner Frederick Memorial Hospital Frederick Frederick If Undar 1 Yaar Months Days If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Ye Birthplace (State or Foreign Country) **Funeral** Hours 1 □ M 2 🛛 F 214-10-5611 Yrs 87 Director Maryland Usual Residence of Dacedant the Marylenc 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shov traumatic event, the Medical Examiner must be notified at Marvland Frederick Frederick Director 1 X Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 800 Motter Avenue, Apt 408 21701 U.S.A. permit. Peges 1 and 2 should be filed within 72 hours efter death v Depertment of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s any injury or other traumatic event, the Medical Examiner mass. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Giva Year or Dates: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 1 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Receptionist Health Depart. 11 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumama) William STUP Η. Leora E ZIMMERMAN ပ္ 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Mr. Donald P. Stap. Sr/Son 5991-D Ladd Court, Frederick, Maryland 21703 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Mt Olivet Cemetery Oct 26, 1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature Funeral Service Licensee 22. Name and Address of Facility Keeney & Basford P.A. Funeral Home M00706 106 East Church Street, Frederick, MD 21701 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician Immediate Causa (Final diseasa or condition resulting in death) /Medical Staphocuccal SC/515 Examiner Examiner ettending physician and for use es the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that Initiated events resulting in death) Last Myeloprolitrative disorder Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ed by the e 23b. Did tobacco use contribute to the cause of death? signed by t Diabetes Myllitus 1 Yes 2 No 3 Probably 4 Unknown ģ 24a. Was an autopsy performed? 24b. Ware autopsy findings Completed available prior to complation of cause of death? hes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Phyalcian: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was case referred to medical axaminer? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2000 2 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28b. Time of Injury Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 1 Divatural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be datermined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier ধ Certifying Physician: To the best of my knowledge, daath occurred at the time, data and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year)

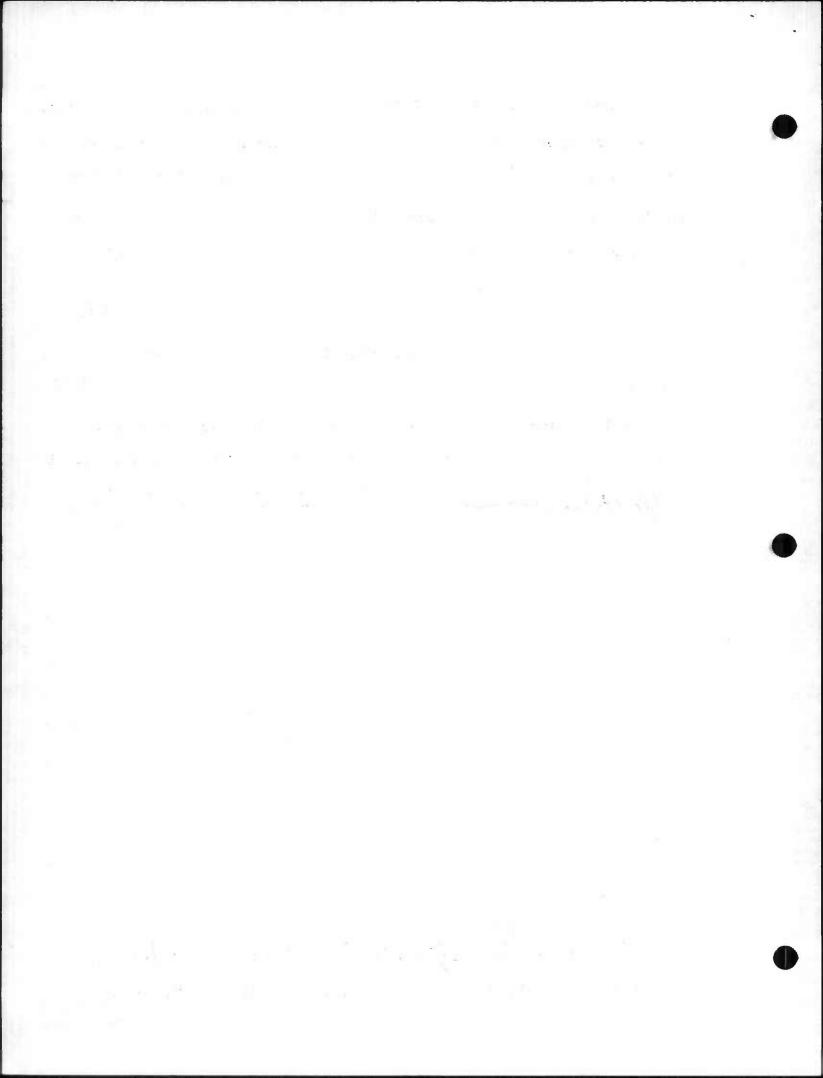
, MD, 300 West Ninth Street, Frederick, Maryland 21701

State Registrar 30. Nama end address of person who complated cause of death (tem 23a) (Type, Print)

Casper E, Cline, III, 31. Date filed (Month, Day, Year) OCT 25 1996

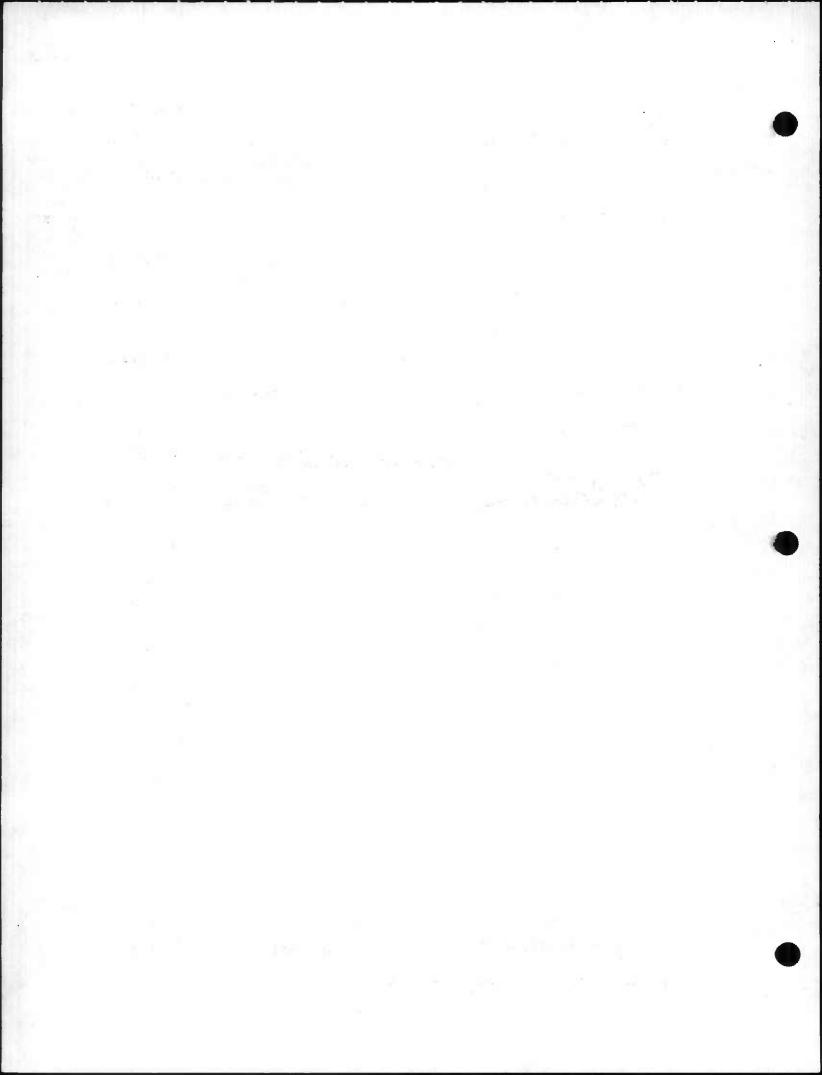
Saltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.



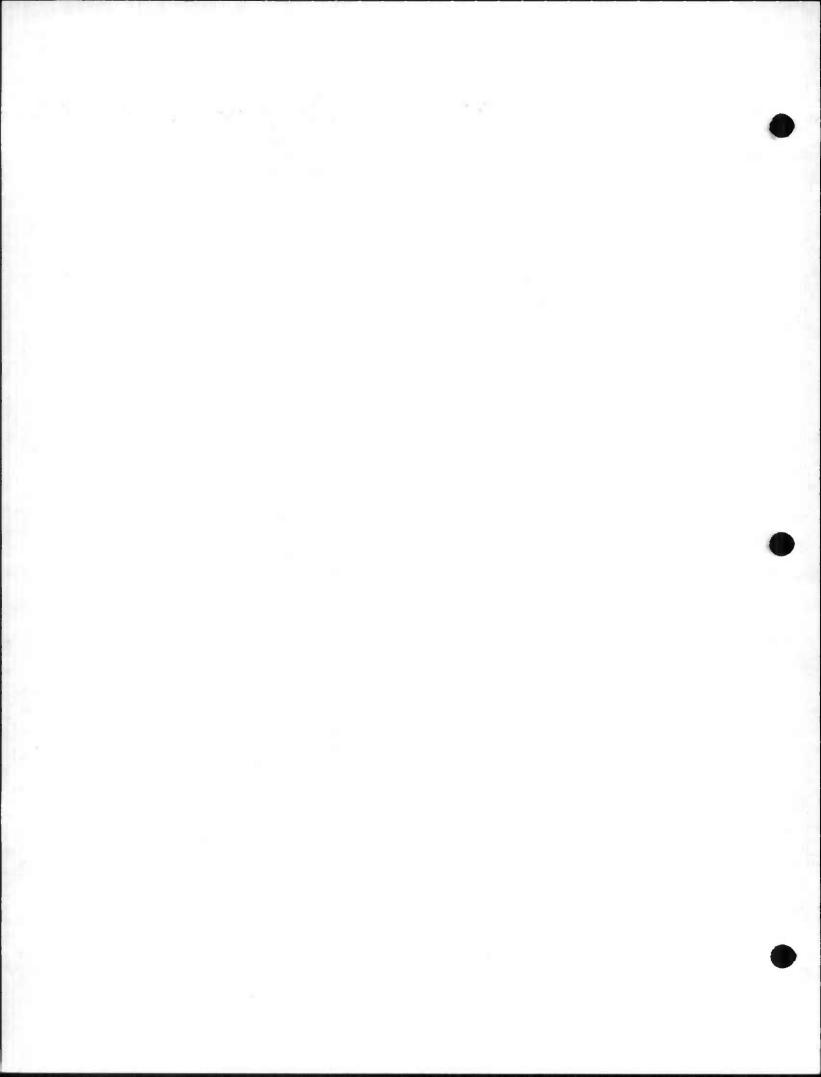
State of Maryland / Department of Health and Mental Hygiene 96

			Cer	tificate of	Death		Reg. No.		
Physician	Decedent's Neme (First, Middle, Last)					2. Dete of I	Death Dey	Yeer	3. Time of Deet
Physician /Medical	Earle Flankiin		Sut	hard		Nove		1996	1159
Examiner	As Facility Alama (Manager) and the state of					n, or Location of De			_
	5. Sociel Security Number 6. Sex	-	lant hirthday	If Under 1 Year		e Freder			
Funeral Director	243 42 2373 1⊠ M 2□ F Usuel Residence of Decedent	7. Age (In yrs.) 6 4	Yrs.	Months Deys	Hours	Min. (Month, I	per 18 1932 Der 18 1932	9. Birthp Coun Mary	lace (Stete or Fore try) rland
A to	10a. State 10b. County	10c. City	y, Town or Loc	ation				10	Od. Inside City Llm
natural', or items 23a or 28a-f show olds! Examiner must be notitled at steed by Funeral Director	Maryland Calvert		Lusby						1 □ Yes 2√□
or 2	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Coun	try?
23a	1295 Hollidge Rd.			20657			United	State	S
r ttems 234	11. Marital Status 12. Was Dec Armed F		S. 13. W	as Decedent of P Yes, specify Cub	lispenic Origi an, Mexican,	n? (Specify Yes or f Puerto Rican, etc.)		e - America	
ral', or items 23a or 28a-f show Examinet must be multited at 1 by Funeral Director	3 ☐ Widowed 4 ☐ Divorced If Yes, G	2 □ No ive Dates: 53–54	1	□ Yes 2 No	Specify:			white	
Medical Exemple,	15. Decedent's Education (Specify only highest grade completed		16a. Decede	ent's Usual Occup and of work done	pation	of working	16b. Kind of B	usiness/Ind	lustry
- 9 5	Elementery/Secondary (0-12) College	1-4or 5+)	life. D	O NOT use retire	d)	or working			
Hygiene. ther than	12		roofe	r			constru		
d other event, le Be Cc	17. Fether's Neme (First, Middle, Lest)				18. Mother	s Neme (First, Midd	le, Meiden Sumen	10)	
end Mental s marked o sumatic eve					M	argie Spitt	le		
#27±	19e. Informant's Neme/Relationship (Type, Print) Mary Suthard			Address (Street me as #10	end Number	or Rural Route Num	ber, City or Town,	Stete, Zip	Code)
nent of Health rrt: If Item 27 i rry or other tr	20e. Method of Disposition	20b. P	lece of Dispos	ition (Name of		Dete	20c. Location -	City or To	wn, Stete
6 = 5	1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from 4 ☐ Donetion 5 ☐ Other (Specify)	Stete	-	etory or other pla n Funeral	Maxim	ber 2, 1996	Alexandria	a Virg	inia
투면를 	21. Signature of Furneral Service Licansee	rec	-	Name end Addre					
Departr Importu eny inju	DE CHEN					Rausch Fune		-	
	23e Pert 1 Enter the disease or complications that	naugad the death	440	5 Broomes	Is. Rd.	Port Repub	lic Maryla	nd 201	
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	exeminer?	Inpatient 2 🗆 8	ER/Outpetient	3□ DOA Oth	or	f Death (Check only		(0	
eral di	27. Manner of Death 28e. Dete	of Injury	28b. Time of	28c. Injur		Ing Home 5 ☐ Res	how injury occur)
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within 24 hours arier deam. To the Funeral Director: After completely filled in by the funeral Medical Certification	29a. Certifier (Check only one) 1 Certifying Physician: To the 2 Medical Examiner: On the band the band to be and the band to be a continued to be a continued to be a	asis of exemineti	vledge, death of	occurred et the tin stigetion, in my o	ne, dete end p	place, and due to the	e ceuse(s) and ma	inner as ste	eted. the cause(s)
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8 4	250. Signature and the contract of the contrac			^			29d. Date signe		ey, rear)
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	Dr. S. Battong, M.D. Li	ısby, MD	20657						
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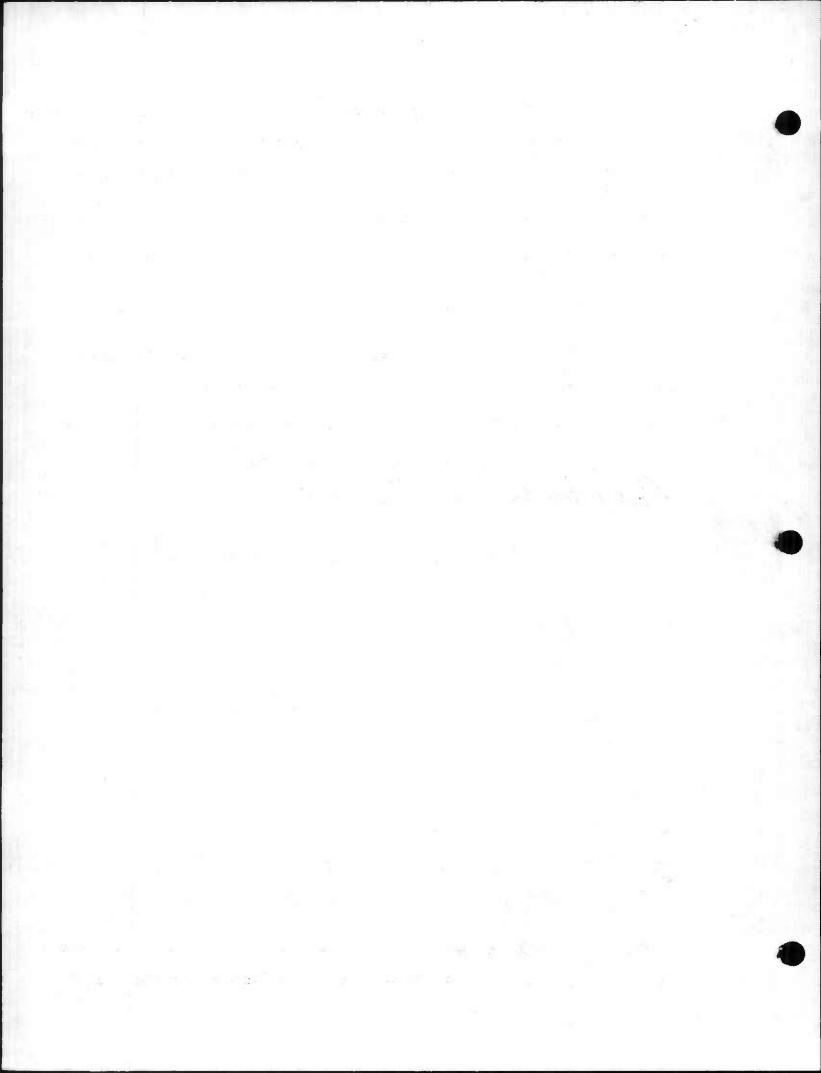
State of Maryland / Department of Health and Mental Hygiene 96

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	bu * _		10a. Stata 10b. Co			10c. Cit	v. Town	or Location					1	0d. Insida City Limits
	e Menyi	ctor		imor	е			stown						1 ☐ Yas 2 No
	23a or 2	ai Director	10e. Street and Number 637 Glynlee	Cour	t			10f. 2	Zip Coda 2	1136		10g. Citizen of W United S		
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Maryland I Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Mexical Evaluation must be notified at	by Funeral	11. Marital Status 1 □ Navar Marriad 2 3 □ Widowed 4 □ Divo		12. Was Decedan Armed Forcas 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas	? I No	S.			Hispanic Origin? ban, Maxican, Pus Specify:	(Specify Yas or Narto Rican, atc.)	o- 14. Race Bleck Specify:	k, Whita,	ean Indian, atc. White
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Maryland	d be ental	To B	Emanle & Co.	1	_					37	D-1			
2	Moul Mark mark	F	Frank A. Sea 19e. Informant'a Name/Rala				19h	Mailing Addre	ce (Stra		nne Delo	ces per, City or Town, l	State Zin	Codel
N N			Karen Sealov				190.	_				isterstov		
a)	1 and 1 Health em 27 I		20a. Mathod of Disposition			20h B	laca of I	Disposition (A		-7200 00	Data	20c. Location - (
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r Ö	net the deeth cer d by the ettendir leteched for use	Physician/N	Part It. Other significant cor	ditions o	ontributing to death	but not rasi	ulting in 1	tha undartying	causa ç	ivan in Part I.				the cause of death? bably 4 Unknown
or Vital Records,	The law requires that the deeth certificate be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the buriel-transit	Completed by							· ·			s an autopsy ormed?	av	ara autopsy findings ailabla prior to mplation of cause deeth?
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	ling Pt	tion: T	27. Mannar of Death 1, ⊠Natural 5 □ Pa	nding astigation	28a. Data of Inj (Month, D	urv	28b. Tir		28c. Inj W		1	how injury occurre	-	,,
DIVISION	tat or Attend rs efter deeth at Director: /	Certification:	3 ☐ Suicida 6 ☐ Co	uld not be tarmined	28a. Place of If	njury - At ho tc. (Specif)	rna, fam	n, atraat, fact	ory, office			(Street and Number wn, Stata)	or or Rura	Il Routa Number,
	To the Hospitat or A within 24 hours efter To the Funeral Directompletely filled in b	edical	29a. Certifiar (Check only one) Cert	fylng Ph cal Exam	ysician: To the best niner: On the basis of and mannar s	of examinat	wledge, ion and/	daath occurre or invastigation	d at tha	tima, data and plac opinion, daath oc	ce, and dua to the curred at tha tima	causa(s) and mar date and place, a	nnar as s nd dua to	tated. o tha cause(a)
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State of Maryland / Department of Health and Mental Hygiene

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r than maturer, or nems 23e of 28e-1 show the Medical Examiner must be notified at		5124 Wessli	ng L	ane				2	0814	4		Uni	ted	Stat	es
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

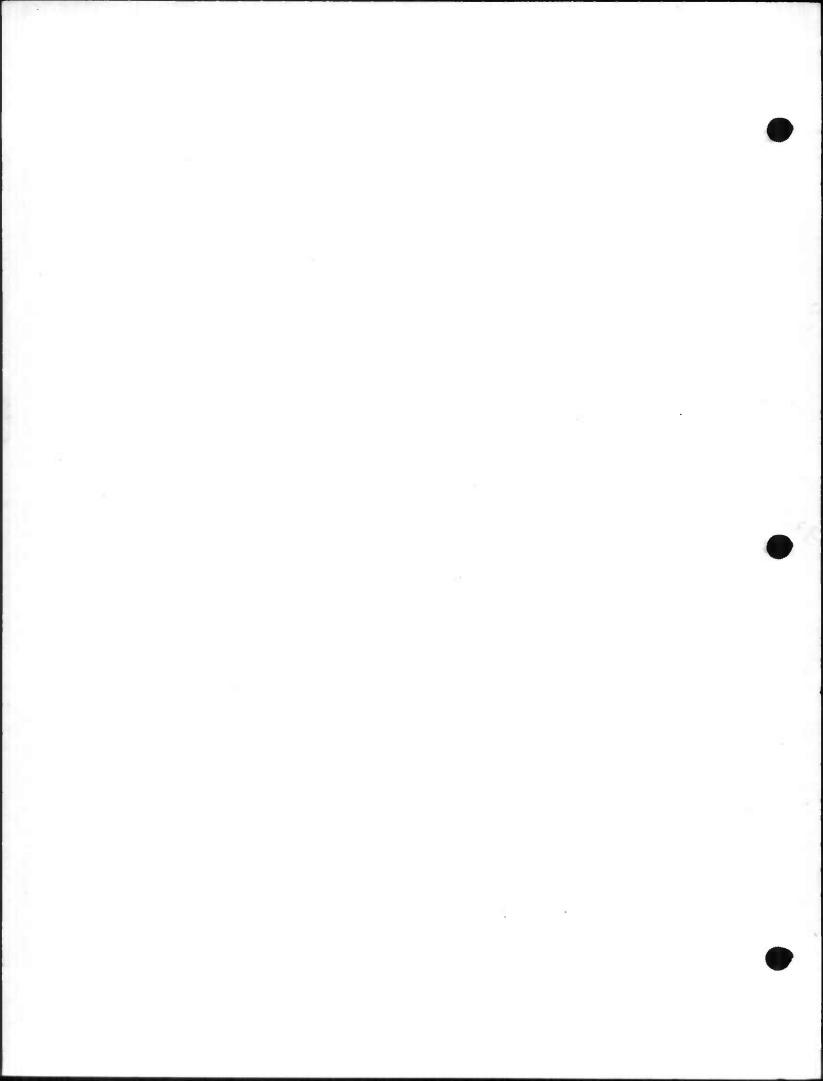
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	;	STATE OF MARYL	AND / DEPARTI			MENTAI	L HYGIENE				
1. DECEDENT'S NAME (First,	Middle, Last)						OF DEATH		3.	TIME OF DEA	ATH
Anna T. St	teeg					MONTH	H DAY	? 9	AR C	9	PM
4. SOCIAL SECURITY NUMB		SEX 6. AGE (n yrs. last birthday) ii	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTHPLA	VCE (State or I	Foreign
220-74-0886	j 1	□ M 2 🔯 F	87 YRS.	ONTHS DAYS	HOURS MIN.		n, Day, Year) 5/06/09		Country)	PA	
9a. FACILITY NAME (If not in	stitution, give street	and number)		b. CITY, TOWN O	R LOCATION OF DE		1	9c. COUNTY	OF DEAT		
Sacred Hea		, Inc.			ttsville					eorge	's
10a. STATE	10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				10	d. INSIDE CIT	Y
MD	Prince	George's	Hva	ttsvil	l e				1 1	LIMITS?	NO
10e. STREET AND NUMBER			11.70		ZIP CODE			10g. CITIZEN			
5805 Queens	Chapel	Road			20782			1	J.S.	٨	
11. MARITAL STATUS	12	. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	i? (Specify Year		RACE -	American Inc	dien,
t Never Married 2 🔀		FORCES? 1 YES			city Cuban, Mexice 2 NO Specif		Ricen, etc.)		Black, W Specify:	'hite, etc.	
3 Widowed 4 Divo	roed					•				White	e
	EDENT'S EDUCATI		16a. DECEDENT'S US	UAL OCCUPATION MORE	N st of working	16b	. KIND OF BUSI	NESS/INDUST	RY		
Elementary/Secondary (0		College (1-4 or 5+)	life. Do NOT use r	etired.)	a or working						
12			Homemak	er			Own	Home			
t7. FATHER'S NAME (First, M	liddle, Last)				18. MOTHER'S NA	AME (First, I	Middle, Maiden S	urname)			
Thomas Donn	nelly				Anna l	McCar	nn				
19a, INFORMANT'S NAME (7	,,		19b. MAILING AL	ODRESS (Street a	nd Number or Aural	Route Numi	ber, City or Town	State, Zip Coo	de)	<u>.</u>	
Charles Fra	ncis St	eeg	4918 La	Salle H	Road, Hy	attsv	ville,	Mary1a	and .	20782	
20a, METHOD OF DISPOSIT			PLACE AND DATE OF	DISPOSITION (Na		DAT	_	ATION — City			
4 Donetion 5 Other		Ga	te Of Hea	ven Cen	netery 10	0/31/	96 Silv	er Spi	ing	Mars	land
21. SIGNATURE OF TONERA	L BETWICE LICENS	HE / - /	<i>M</i>	22. NAME AN	ID ADDRESS OF FA	ALI ILA			-	_	
16.4	14	9	41	FOOT	s J. Co	TILLS	Funer	al Hon	ne, .	inc.	
23. PART I. Enter the d		much	Abo dooth Do oot	1300 UI	iversit	A RIA	d.W. S	il.Spi	. MI		
ahock, or h	eart failure. Lis	t only one cause on e	ach lina.	anter tha mo	as or aying, suc	en aa care	diac or reapir	atory arreat	•		Between
IMMEDIATE CAUSE (Fir		Λ									nd Deeth
reaulting in death)	→ a	Aspiration OF AS	n pneum	ionia						244	ours
			TOTAL OF J.								
Sequentially list condit	iona. b.	muttipl.	e Cerebro consequence of:	vascula	r accid	ents				146	ar
if any, leading to imme	dleta	DUE TO (OR AS A	CONSEQUENCE OF):							,	
CAUSE (Disease or inju		DUE TO (OD 40 4	20110501151105.05							-	
that initiated events resulting in death) LAS	T	DUE TO (OR AS A	CONSEQUENCE OF):								
	d										
PART ii. Other significa	nt conditiona c	contributing to death b	ut not resulting In	the underlying	g causa given in	Part I.	24a. WAS AN			ERE AUTOPSY	
_ cicchos	sis						PERFOR			AILABLE PRIO IMPLETION DI	
				-			I L TES 2	PNU		DEATH?	1 110
DID TORACCO II	ISE CONTRIB	BUTE TO CAUSE C	E DEATH YES	D NO F	UNCERTAI	N 🗆			''	YES 2	NO
2S, WAS CASE REFERRED T		JOIL TO CAUSE C	28. PLACE OF DEATH		DITCLKIA						
EXAMINER?	H	OSPITAL:		THER:							
1 YES 2 NO	t	28e. DATE OF INJURY	28b. TIME		e 5 🗆 Realdence			Hery coope			
	Pending	(Month, Day, Year)	INJUR	TY WO	RK?	26d, DE:	SCRIBE HOW IN	JURY OCCUR	ED		
2 Accident	Investigation				rES 2 NO						
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At homa, farm, stre city)	eet, lectory, offic	•	26f, LOC City	or Town, State)	nd Number or i	Rural Rout	e Number,	
		1									
	TIFYING PHYSICIA	N: To the best of my know	ledge, desth occurrad	at the time, date	and place, and due	e to the ca	use(a) end man	ner ea stated.			
one) 2 MED	ICAL EXAMINER:	On the basis of examination	n end/or investigation,	In my opinion, d	eath occured at the	e time, date	e end place, end	due to the c	euse(a) ar	nd manner as	stated.
29b. SIGNATURE AND TITLE	OF FITTING				29c. LICENSE NU	IMBER		29d. DATE SI	GNED (M	onth, Day, Yea	r)
With M.	they	LIL			02278	ro		101	29/	96	
30. NAME AND ADDRESS O	PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P.	rint)				1	1.6	- /	
Veter MS	chissler	MO 750	of Green	very Chr	Dr. a	reen	selt 1	10 21	77	り	
		32, REDISTRATS SIGN		,			. , ,				
31. DATE FILED (Month, Day)	1996	y ma vavids	an-Manage								

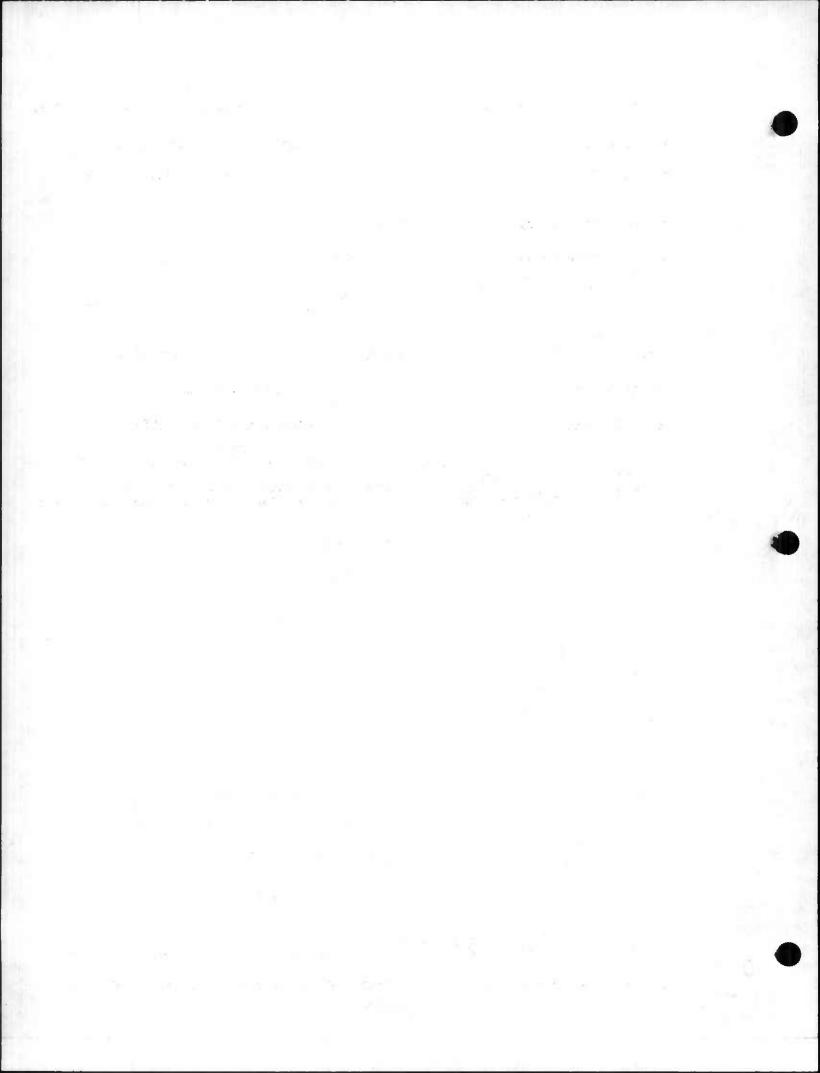
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					iai yiai i		tificate of	Death	nemai i iy	Reg. No.	, 0	34140		
в	Physic	ian	Dacedent's Nama (First, Middla, Le	ist)					2. Date of De Month	eath Day	Yeer	3. Tima of Death		
	/Medi		Dol 1 y H.	Stillm:	an				Octobe			2:10 AM		
}	Exami		4a. Facility Nama (If not institution, given	ra streat end numbar	-)			4b. City, Town, or Lo	ocation of Daet					
			31 Orion Club D	rive				Ashton		Montg	omerv			
П	Funeral	5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth										ace (Stata or Foraign		
	Director		402-38-1202 Usual Rasidance of Dacadant	1□M 2ᡚF	65	Yrs.	Months Days	Hours Min.	July 3	ay, Year) 1931	Kenti	lace (Stata or Foraign try) ucky		
	/anyland	o.	10a. State 10b. County 10c. City, Town or Location									0d. Inside City Limits		
	288-	Director	Maryland Montgomery Ashton 10e. Straat end Numbar 10f. Zip Coda											
	를 호롱		109. Straat end Numbar							10g. Citizen of	What Count	iry?		
	ath v	ra a	31 Orion Club D				2086			USA				
020	filed within 72 hours after death with the Maryland hygiene. Ither than "naturel", or items 23a or 28s-f show int, the Medical Examerer must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Dacedent Armad Forcas 1 ☐ Yas 2 ☑ If Yas, Give Yaar or Datas:	? No	If	Vas Decadant of F Yas, specify Cubi	dispanic Origin? (Sp an, Maxican, Puarto Specify:	acify Yes or No Rican, atc.)	Specif				
0-10	2 ho	ted	15. Decadant's E	ducation		16a. Daced	ant's Usual Occup	pation		16b. Kind of B				
Maryland 21215-0020	d 2 should be filed within 7 h and Mental Hygiene. 7 Is marked other than "n Irsumatic event, tre Men	Completed	(Spacify only highast gra Elamantary/Secondary (0-12) 1 2		laga (1-4or 5+) Homema			kind of work done during most of working O NOT usa retired)			Own Home			
D	be filed ital Hyg id other event,		17. Fathar's Nama (First, Middla, Last)		Homer	nanci	18. Mothar's Name	a (First, Middle					
an	id be ental	To Be	Emmitt L. Huffi	nac										
7	d Me	F	19a. Informant's Name/Ralationship (10h Mailin	a Address /Ctrast	end Number or Run	S. Wri		0.4. 75	0.77		
S	alth an 27 is writtsu			1906, 11111)								Coda)		
e,	s 1 and 2 should i Health and Men item 27 is marke other trsumatic		Lee E. Stillman 20a. Mathod of Disposition		20h Pis		SOX 132 sition (Nama of	Ashton, 1	Marylan Date	20c. Location		- Chata		
Baltimore,	Page nent o int: If		1 ☑ Buriel 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacit		ca	matery, crem	atory or other place	Chapel Cen	1/3/96	Lively,				
Balt	permit. Pag Department Important: I eny Injury o		21. Signatura of Funaral Service Licer	1see	0.	22. Fra	Nama and Addra	ss of Facility Collins	Funeral	Home,	Inc.			
	Design of		23a. Part1. Enfer tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one cause on each line. Approximete Intervel Balween Onsat and Deeth of the cause (Final disease or condition resulting in death) But a cardiac or respiretory arrast, on the cause of the cause of the cardiac or respiretory arrast, on the cause of the cause of the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cause of the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cardiac or respiretory arrast, on the cardiac or respiretory arrast, or the cardiac or respiretory arrast, o											
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	be isi	nin e		b										
oʻ	ifficata be axecuted g physician and as the burial-transit	Examiner												
68760,	ita be iysici ne bu	edical	Ceusa (Disaasa or injury that initiated events Trasulting in death) last Due to (or as a consequence of):											
39														
Box	death cert e attending ed for use	2		d							<u> i </u>			
		ici	Part ii. Other significant conditions of	ontributing to death h	out not rasul	ting in the un	darlying cause giv	an in Part I	23h Did	23b. Did tobacco use contribute to the cause of death?				
0	that the de led by the a datached i	Physician/M	The state of the s											
٠,	as tha igned be dal	ру Р				1 ☐ Yes 2 ☒ No 3 ☐ Probably 4 ☐ Unkno								
Records,	v requiras been sign should be									an autopsy ormed?	avai	ra autopsy findings ilebia prior to		
Rec	has b	Completed									of d	pletion of causa leath?		
=			***						10	Yas 2⊠No	10	Yas 2□ No		
Vital	ysician: s certific director,	Be	25. Was casa rafarrad to madical axaminar?	Hospital:			2□ DOA Oth	26. Placa of Death	(Check only o	ona)				
ō	는 프로	10	1 ☐ Yas 2 ☑ No 27. Menner of Death	1 LI Inpatia		R/Outpatient	3LI DOA	4 U Nursing Ho		dance 6 Oth)		
o	Attanding is refeasible. Sector: After by the funer	ation	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant Investigation	28a. Data of Inju (Month, Da	ly Year)	28b. Tima of Injury	28c. Injur Wor M 1 🗆	y at k? Yas 2 □ No	28d. Dascribe	cribe how Injury occurred				
=	l or Atta aftar de: Directo d in by th	Certification:	3 Suicide 8 Could not be datarmined	289. Piece of in							er or Rural	Routa Number,		
	To the Hospital or Attanding is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edlcai C	29a. Cartifiar (Check only one) 1⊠ Certifying Ph	yaician: To tha bast linar: On tha basis o	f axamination	ladga, daath on and/or inva	occurred et tha tin	na, dete end piece, opinion, death occurr	and dua to tha ed at tha tima,	cause(s) end me	ennar es sta and dua to	ited. tha causa(s)		
	To the within 2 To the comple	Mec	29b. Signetura and title of certifiar	end mannar st	ated.		29c. Licans	a number		29d. Data signe	d (Month, D	ley, Year)		
			> Ylicholas W.	130 Whele	48	MD	р 3	88509		October	20 1	006		
	10		30. Nama and address of person who	complated cause of o	daath (Itam 2	23a) (Type, P		, , , , , ,		or cone!	47,			
	1		Nicholas W. Koutre	lakos. M.	D. 1	1065 T	ittle Pa	tuxent Ps	rkwav	Columbia	, MD	21044		
	Sta		31. Data filed (Month, Day, Year)	32. Registr	er's Signatu	on-Pank	2.00		wuy	zevie unituiec	. 3 4 11/	41077		
	Registr	ar	NOV 01 19	96 Freh	a wand	son-Nark	1000							

DHMH 16 Rev 6/95

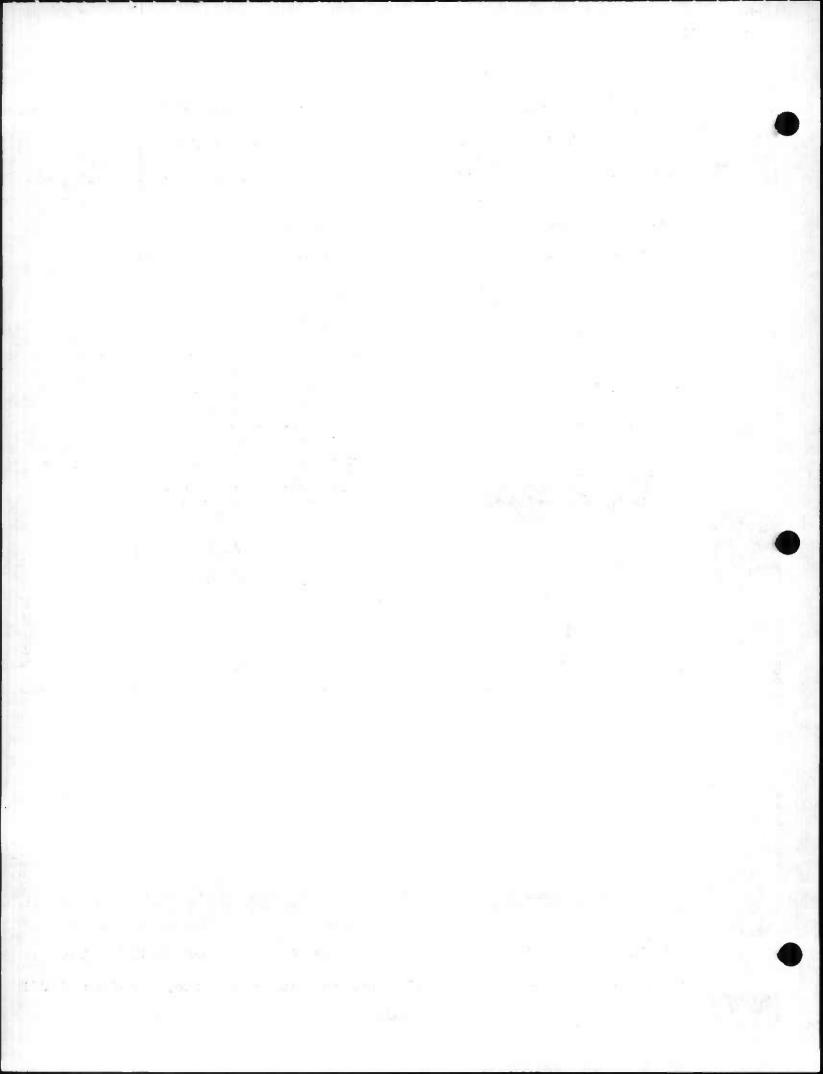


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State of Maryland / Department of Health and Mental Hygiene Q 6 21, 11, 1

						C	ertifica	te of	Death		Reg. No.	0 0	9 1 4 1	
П	Physic	ian	Decedant's Nama (First, Middla, Last)							2. Dete of D		Vaar	3. Time of Death	
Į.	/Medi		STEVEN GREGORY					S	MITH		BER 30,	1996	5:04P.M.	
	Exami		4a. Facility Nama (If not institution						4b. City, Town,	or Location of Dae				
			2044 WEST CH		VE					SPRING	MONT	GOME	RY	
	, Funeral Director		5. Social Sacurity Number 217-92-2624 Usual Residence of Dacadant	6. Sax 7. Ag	ge (In yrs. le 33	sst birtha Yrs	Months	r 1 Year Days		lin. (Month, L	Day, Year)	9. Birthp Coun Washi	laca (Stata or Foraign stry) ngton D.C.	
	yland		10a. State 10b. County		10c. City	, Town o	r Location					- 10	0d. Insida City Limits	
	th the Mar x 28a-f s	Director	Maryland Montgo	mery			Silver	Sp:	ring		10g. Citizan of	What Coun	1 ☐ Yas 2 ☑ No	
	23a c	aiD	2044 Westcheste	r Drive				20	0902		USA			
020	filed within 72 hours after death with the Maryland Hygiene. Inter than "natural", or Itama 23a or 28a-f show ant, the Madical Exam set must be notified at	by Funeral	11. Marital Status 1 ⅓ Navar Married 2 ☐ Marr 3 ☐ Widowad 4 ☐ Divorced	If Vac Chia		S. 1	S. 13. Was Decedant of Hispanic On If Yes, specify Cuban, Maxica 1 □ Yas 2 ☒ No Specify			(Specify Yas or Narto Rican, etc.)		ca - Amarica ck, Whita, a w:Whita	atc.	
Ŏ.	2 hou		15. Dacedan	t's Education		16a. De	cedant's Usu	al Occup	ation		16b. Kind of B	usinass/Inc	ss/Industry	
21	thin 7	Completed	(Spacify only highas Elemantary/Secondary (0-12)	st grada completed) Collaga (1-4or 5	5+)	(G lif	iva kind of wo a. DO NOT u	ork dona sa retire	eation during most of v d)	vorking				
7	filed within Hygiene. Ither than sent, the Manne	Con	12			Upholsterer					Chair Ma	cturing		
Maryland 21215-0020	9 9 9	To Be	17. Fathar's Nema (First, Middla, Glenn G. Smith	Last)						lama <i>(First, Middl</i> n Willian		ne)		
Jar	01 60 60 50		19a. Informent's Name/Relationship (Typa, Print)								umbar, City or Town, Stata, Zip Code)			
	f Health Item 27 I		Glenn G. Smith		ook Di		Westo		ter Driv	ve, Silve			20902	
saitimore,	8 5 2 0		20a. Mathod of Disposition 1 □ Burial 2 ☑ Cramation 4 □ Donation 5 □ Other (S)		Cal	matary,	cramatory or o	othar pla		Data 11/1/96	Alexandi		111100	
Ral	permit. Page Depertment of Important: If any Injury or once.		21. Signatura of Funaral Sarvica	Carph		I	rancis	J.	ss of Facility Collins Sity Blu	Fuenral	Home, I	Inc.	MD 20901	
	Physician /Medical Examiner	iner	23a. Party Enter the disease, or hook or heart failure. List immediate Causa (Final disease or condition resulting in death)		AOR	100			ng, such as card		arrest,		Approximata Interval Batwaan Onset and Death	
_tn	macute al-trens	Examiner												
00/00	certificata be assecuted ading physician and use as the burial-trensit	edical												
DOX		2		d										
	0 0 2 1	Vsic	Part il. Other significant conditio	ne contributing to death bu	ut not rasult	ting In the	a undarlying o	ause giv	an In Part i.	23b. Did	I tobacco uae co	ntributa to	the cause of death?	
r.	that the sed by datac	by Physician/	testicular					1□	1 Yes 2 No 3 Probably 4 Unkr					
ecords,	v require	Completed b								perf	s an autopsy ormad?	ava	re eutopsy findings iliabla prior to nplation of cause laath?	
ב	iclan: The lav certificate hes rector, page 2	EO								1 , ,	Yas 2□No	10	Yes 2□ No	
	lan: ctor,	Be	25. Was casa raferred to madical axaminar?						26. Piace of D	eath (Check only	ona)			
>	hysic his ce I dire	2	No 2□ No	Hospitel: 1 Inpatia	nt 2□E	R/Outpat	iant 3 DC	Oth	er: 4 Nursing	Home 5	Idance 6 Oth	ar (Spacify)	
5	fter thunera	on:	27. Mannar of Death 1 ☐ Netural 5 ☐ Panding	28a. Data of injur (Month, Day	Year) 2	28b. Time Injur	of 2	8c. Injur Wor	y at k?		how injury occurr		2 =	
200	tendi jeath tor: A	cati	2 ☐ Accident investig	ation 1030 q		FOUND	5 (M		Yas 2 DNo		JUST SK			
2		Certification:	4 ☐ Homicide datarmi	nco				2044 4	8f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) DUY USTANSTENDI HORTGORONY CO					
	the Hosp hin 24 ho the Fune npletely f	Medicai	one) ZX Medical E	Physician: To the best of examiner: On the basis of end manner ste	axaminatio	edga, da n and/or	Invastigation	In my o	pinion, deeth oc	ce, end dua to the curred at the tima,	cause(s) end ma data and place, a	nnar as ste	eted. tha causa(s)	
	T vit	-	29b. Signatura and titla of certifier Warte	hershell					. M . E .		29d. Deta signed			
	6		30. Nama and address of parson w	who complated causa of de			e, Print)						and 21201	
	Stat Registra		31. Deta filed (Month, Day, Year) NOV 0 1	32. Registra	Davids	re					J. Pic	<u>y</u> C	41401	
			HOY VI	1000		-								



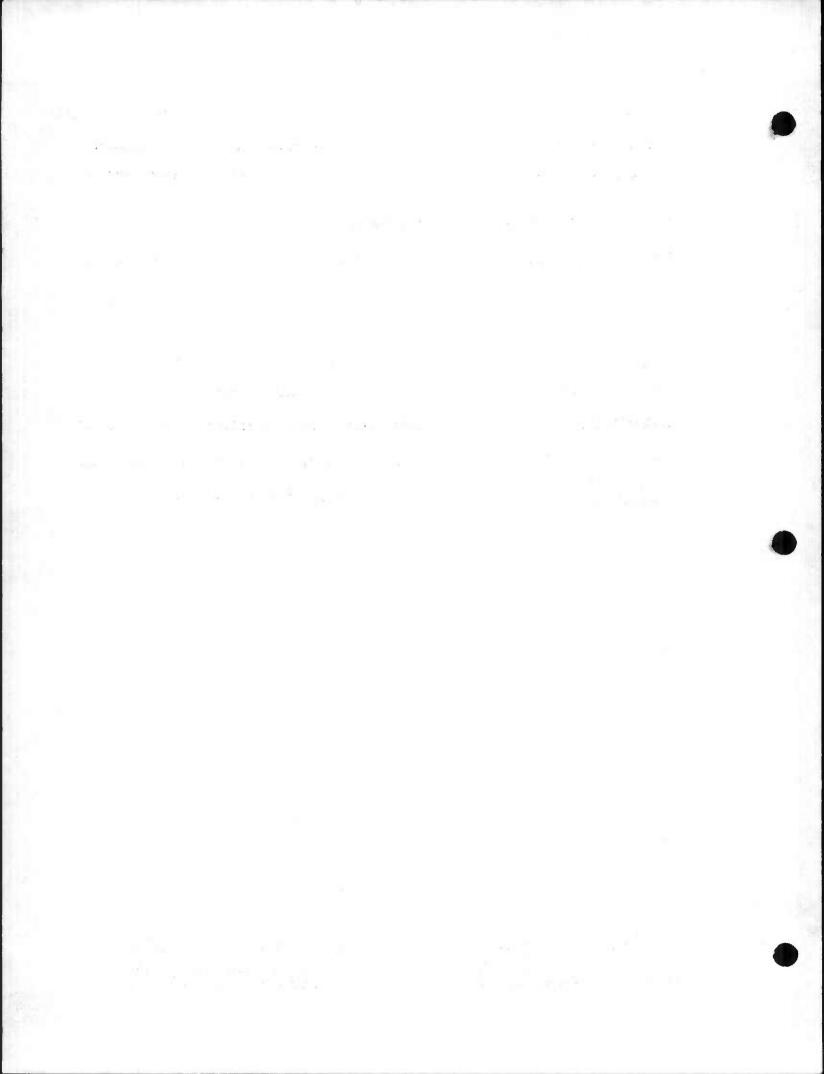
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Year KALPH SAYLOR DOT 28, 1996 /Medical 0600 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death Kensington

| Hundar 1 Yaar | Hundar 24 Hrs. | 8. Data of Birth (Month, Dey, Year)
| Aug. | 8, 19 4c. County of Deeth Examiner Mariner Health 5. Sociel Security Number 7. Aga (in yrs. last birthday) Birthplece (Stata or Foraign Country) **Funeral** 1 M 2 F 88 Yrs. 1908 Director Russia 142-05-4490 the Maryland 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yas 2 ☐ No Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? deeth with 10613 Stoney Hill Ct United States 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Reca - American Indien, Bleck, White, etc. filed within 72 hours after of Hygiene. ther than "netural", or Her 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1☐ Yes 2☐No Specify: ρ Specify: White 3 Noticed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed witl Department of Heelth end Mentel Hygiene Important: If Itam 27 Is merked other tha any Injury or other traumatic event, tha I once. Shoe Sales Retail 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Herman Saylor Bella unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Bella Chaiken 10613 Stoney Hill Ct Silver Spring MD 20901 20a. Method of Disposition 20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) 20c. Location - City or Town, Steta Date 1 ☐ Bunel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Beth Jacob Cemetery 10/30 Pleasantville, NJ 21. Signature of Funeral Service Licensee 22. Nama and Address of Fecility Edward Sagel Funeral Direction 23a. Pert1. Enter the disease, or complications that causad the deeth. Do not enter the mode of dying, such as carolac or respiratory arest, approximate shock, or heart feiture. List only one causa on each line. Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel CHRONIC OBSTRUCTIVE WILL DISEASE 45125 diseesa or condition rasulting in deeth) Examiner Dua to (or es e consequence of): Examiner g physicien and es the bunal-trensit Saquentially list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest Dua to (or es e consequance of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the should be deteched 23b. Did tobacco uee contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ALZHEIMER'S DEMENTIA; WASTING à 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificete 1 ☐ Yes 2 ☐ No I or Attanding Physician: efter death. Director: After this certifice 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 Yas 2 No Other: Nursing Home 5 - Rasidence 6 - Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Invastigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not ba 3 Suicida 28f. Location (Street end Number or Rurei Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide To the Hospital o within 24 hours eff To the Funeral DI completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D08944 10/28/96 3720 FARRAGUT AUR KGN SINGTON NO 20895 10 30. Name end address of person who completed cause deeth (Item 23a) (Type, Print) MARTIN C. SHARGEL M-D 31. Dete filad (Month, Dey, Yeer) 32. Registrar's Signature OCT 2 9 1996 relia Davidson

Randelle

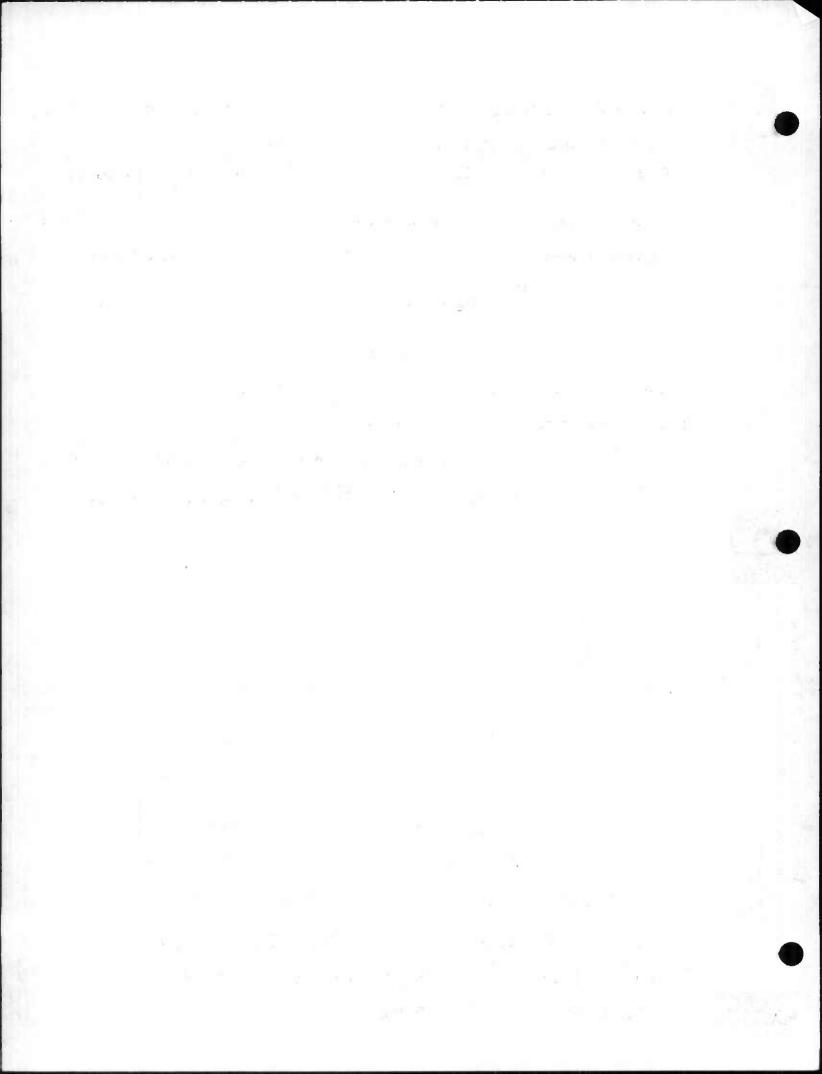
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State of Maryland / Department of Health and Mental Hygiene 96 34 143

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	Physic /Medi		FRANK J.S	CHI	VELL.	5 R	III.					Brt.	2	Dey	996	6:45 pm
	Exami		4a. Fecility Name (If not instit	ution, giv	e street end nu	ım <i>ber</i>)			1	4b. City, Town	, or Lo	cetion of D	eath	- //	nty of Deeth	
			BON SE	CONE	c 4	espit	ber 1			BALTI	m. a	_				
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н	Director		202-32-9839		1 X)M 2□ F	55	Yrs.	Month	Deys	Hours	Min.	May 1	Dey, Y	_{9er)} 941	Wis	plece (Stete or Foreign htry) CONSIN
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	larylan ehow	١.	10a. State 10b. Co.	inty		10	c. City, Town or	ocation								10d. Inside City Limits
	Ma -	ţ	Maryland Mon	tqom	erv		Silver	Snrin	a							1☐ Yes 2☐ No
	r 28	<u>s</u>	Maryland Montgomery Silver Spring 10e. Street end Number 10g. Citlzen of										f Whet Cou	ntry?		
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	er death with the M Itams 23e or 28a-f	Funeral	11. Marital Status	Noa	12. Was Dec	edent Ever	in U.S. 13	. Was Dec		ispanic Origin	? (Spe	cify Yes or			ace - Ameri	
0	or its	Ē	1 Never Married 2 □ I	/arried	Armed F	orces? 2 □ No		If Yes, sp	ecify Cube	en, Mexicen, P	uerto I	Ricen, etc.)			ack, White,	
21215-0020	within 72 hours after death with the Maryland ene. than "heturel", or Itams 23e or 28e-f ehow he Medical Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divor		If Yes, Gi Year or D	2 □ No ive Dates: ∐na	vailable	1 🗆 Yes	5. No	Specify:				Spec	ify:	nite
0	"neturel",	8	15. Dece	dent's Ed	ducation			edent's Us	ual Occup	etion			16	b Kind of	W I Business/In	
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a	should be filed withing the Mental Hygiene. marked other than imatic event, the Mental	To B	Frank Jame	s S	chnelle	r II				Marv	Co	ok				
Maryland	2 should be filed with and Mental Hygiene. Is marked other than sumatic event, the	-	19e. Informent's Neme/Relati			. ,	19b. Ma	ina Addre	ss (Street	and Number o			mber C	ity or Tow	n State Zir	Code)
Σ	- F		Irma Jean-Ba	ntic	to			ne as						ny or row	ii, Otato, Zip	, , , , , , , , , , , , , , , , , , , ,
ē,	ges 1 and t of Health If Itam 27 or other tr		20a. Method of Disposition	PUIS	LE	20	Db. Place of Dis	osition (N	eme of		Ţ	Date	200	c Location	- City or To	own State
2			1 ☐ Burial 2 ☐ Cremati			State	cemetery, cr			•	100					
Baltimore,	permit. Peg Department Important: I any Injury o		4 Donetion 5 Othe				Chesapea				110)-26-96	be	TUSVII	le, Man	yranu
Ba	pemit. Pege Department (important: If any injury or		21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Rapp Funeral Services, P. A.													
)			933 Gist Avenue, Silver Spring, MD 20910													
1			 Pert1. Enter the disease shock, or heart feilure. 	, or comp	plications thet one ceuse on e	caused the	deeth. Do not e	nter the mo	de of dyin	g, such as cer	rdiac o	r respirator	y errest	,		Approximete Intervel Between
	Physician		Immediate Cause (Final disease or condition SEPSIS 2 days											Onset end Deeth		
ш	/Medical Examiner	Ш												2 days		
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	certificate be executed rding physician end use es the buriel-transit	Examiner	Sequentielly list conditions,		D		to (or es e conse	quence of):			-				
68760,	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	J	_										į	
87	hysic the t	edical	that initiated events resulting in death) Last Due to (or es e consequence of):												1	
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Вох		an/			d										1	
	that the death ed by the etter deteched for	Physicia	Part II. Other significent cond				resulting in the	underlying	cause give	en in Pert I.		23b. D	id toba	cco use c	ontribute to	the cause of death?
P.0	by the	Phy	Phonu	100	Wa.							1	☐ Yes	2 No	3 ☐ Pro	bably 4 ☐ Unknown
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ပ္ထ	aw re is be 2 sh	ple				1						pe	erforme	11	CO	mpletion of ceuse deeth?
ď	The law ate hes page 2	Completed										11	□ Yes	2 No		JYes 2M∫No
ta	iffical	Bec	25. Was cese referred to med	ical				_		OC Diona of I	Do oth			2 1140	10	TIES SPINO
5	Physician: this certific ral director,	ToB	exeminer? 1 ☐ Yes 2 € No	-	Hospitel:	npatient	2 ☐ ER/Outpatie	nt 3□ D	OA Othe	26. Plece of l				• □		,
6	Phy or this eral		27. Manner of Deeth		28e. Dete	of Injury	28b. Time		UA	4 LI NUISIN		8d. Descrit			ther (Specif	y)
Division of Vital Records,	Attending or death. ector: After by the fune	tion	1 Neturel 5 ☐ Pen 2 ☐ Accident Inve	ding stigation	(Mont	th, Dey Yee	r) Injury	м	28c. Injury Work 1 □ `	k? Yes 2 □ No				, ,		
18	dea ctor	fica	3 ☐ Suicide 6 ☐ Cou	ld not be		of Injury - A	At home, farm, s				2	8f. Location	n (Stree	t end Num	her or Rure	el Route Number,
5	or Jeffer Olive	Certification:	4 Homicide	ermined	buildi	ng, etc. (Sp	ecify)	.001, 10010	y , 011100		-		Town, S		.50, 0, 7,0,0	riodio radiibor,
	ours ours eral		29a. Certifier 1 Certif	vina Phy	reiclen: To the	heet of my	knowledge, dee	h occurred	at the tim	a data and all				a(a) and m		
	To the Hospital or Attending Physician: The is within 24 hours effect death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page.	edical	(Check only 2 Medic	al Exam	unar: On the ba	asis of exen	Inetion end/or is	vestigetion	in my op	pinion, deeth o	ccurre	d et the tim	e, dete	end place	, end due to	the cause(s)
	ithin o the	Me	29b. Signeture end title of cert	fier	0110111011	ioi stated.		29	c. License	number			29d	Dete sign	ed (Month,	Dev Yeer)
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(χ		30. Name and address of pers	3al	completed caus	e of deeth (Item 23e) (Type	Et n	x7 1	MA)	2/2	2 2			
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State of Maryland / Department of Health and Mental Hygiene

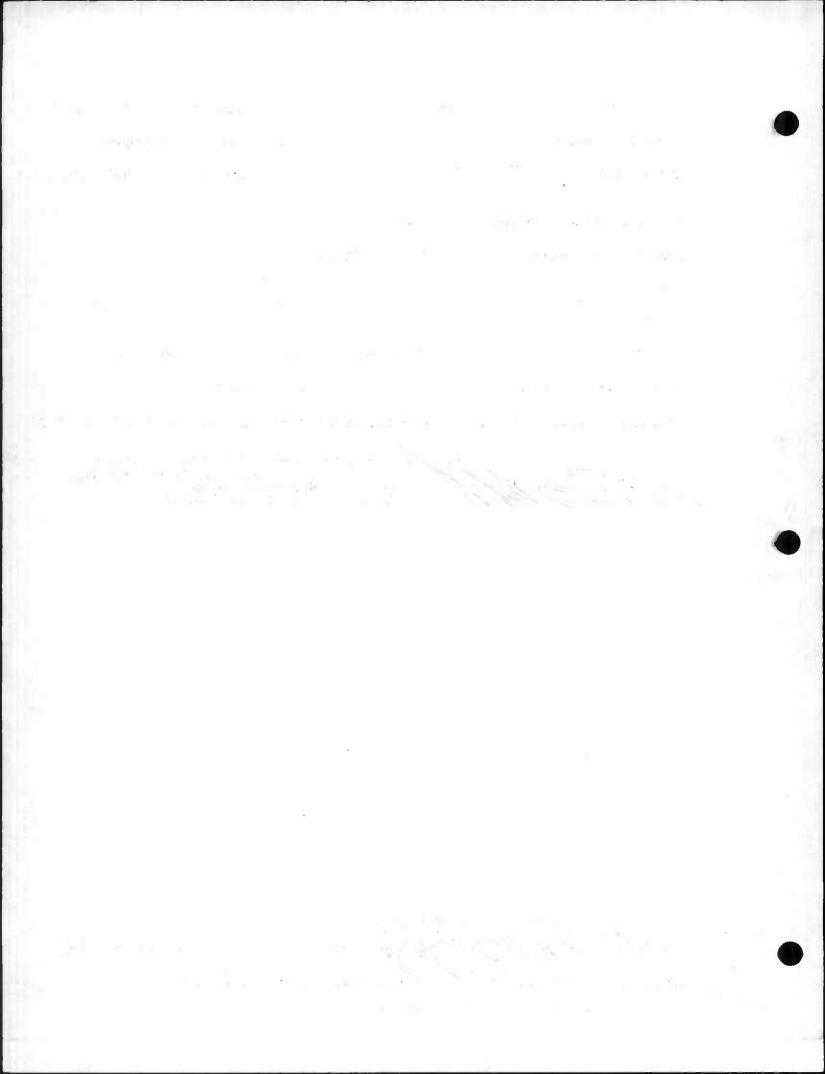
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J	Physic /Medi		Mary A	gnes	Swee	ney			October	23, 19	Yaar 196	1:00 AM		
)	Examir		4a. Facility Nama (If not institution, give	a straat and number)				4b. City, Town, or I	ocation of Daath	4c. County	of Daath			
			Holy Cross Hospi	tal				Silver S	Spring	Mon	tgome	ry		
	Funerai Director									(, Year)	9. Birthplaca (Stata or Foraign			
	and *		Usual Rasidanca of Dacadant 10a. State 10b. County		10c City	Town or Lo	ocation				1	0d. Insida City Limits		
	Maryli f sho	ō	Maryland Prince	Coorgoo		tsvi]						1⊠ Yas 2□No		
	the 28a	Director	10e, Street and Number	Jeorges .	рет	LSVII	10f. Zip Coda			10g. Citizan of N	What Cour	sta/2		
	3e or	D	3506 Fullerton St	reet			2070	5		US		M.y.		
	death	Funeral	11. Marital Status	12. Was Dacadant 8	Evar in U,S	. 13.	Was Dacedant of H		pacify Yas or No-		æ - Amaric	an Indian,		
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other then "netural", or items 23e or 28a-f show sayl highry or other treumatic event, if a Medical Examiner must be notified at once.	by Fur	1 □XNavar Marriad 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorcad	Armad Forcas? 1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas:	lo		If Yas, specify Cuba 1 ☐ Yas 2 ☑ No		Specific			Whita, atc. White		
0	2 ho	De le	15. Decedant's Ed			16a. Dece	dent's Usual Occup	ation		16b. Kind of B	usinass/industry			
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pu	e file al Hy othe	Be (17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nan	na (First, Middla,	Maidan Suman	na)			
Va	Venta Venta	To	John Francis Swe	eney				Ada C.	Brecht					
a L	end l	·	19a. Informant's Name/Ralationship (7	Type, Print)		19b. Maili	ng Addrass (Streat	and Number or Ru	ral Routa Numba	r, City or Town,	Stata, Zip	Coda)		
2	end selth		Arthur E. Parry,	Sr./Nepher	W	3506	Fullertor	Street,	Beltsvi	ille, Ma	aryla	nd 20705		
ore	of He		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Demoustine State	20b. Pla	ca of Dispo	osition (Nama of matory or other place	ce)	Data	20c. Location -	City or To	wn, Stata		
Ĕ	Pag nent int: if	C	4 □ Donation 5 □ Othar (Specify			1			0/26/96	Silver	Sprin	ng, Marylar		
at	mit.		21. Signature of Foreral Service Licensee											
	89 E 9 9		11800 New Hampshire Avenue Silver Spring, Maryland 20904											
¥-	Physician		23a. Part1. Entar tha disaase, or comp shock, or haart failure. List only	blications that caused ona cause on, each lin	tha daath. a.							Approximata Intarvel Between Onset end Deeth		
	/Medical Examiner		Immadiate Ceusa (Final disaasa or condition a. Congestive Heart Failure 1 day											
п		4	rasuling in datally		Dua to (or a	as a consac	quanca of):							
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9	certificete be executed nding physician end use es the buriel-trensit	Examiner												
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68760,	ficete phys	edicai	rasulting in death) Last	f	Dua to (or a	s a consac	uanca of):							
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o.	res thet the der igned by the e be detached f	Physician/	Part II. Other significant conditions co	ntributing to death bu	t not result	ing in tha u	ndanying causa giv	an in Part I.				the cause of death?		
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ō			27. Mannar of Death	28a. Data of Injur	/ 2	8b. Tima o			loma 5 ☐ Rasidanca 6 ☐ Othar (Specify) 28d. Dascribe how injury occurred					
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	withii To th	ž	29b. Signature and the common of section	7	20	1	29c. Licanse	a number	2	9d. Data signe	d (Month, i	Day, Year)		
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7			30. Nema and addrass of person who o	ompleted causa of dig	Ath (Hayn 2	3a) (7000	Print)			SCEODEL	,			
	5		Walter Goozh, M.D				ad, Wheat	ton, Mary	land 20	902				
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State

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

				Otato of Ivia	i yiai ia 7	Certificate of		Mentaling	Reg. No.	0 3	34145
	Physici	an	1. Decedant's Nama (First, Middla, L					2. Data of D Month	eath	Yaar	3. Tima of Death
	/Medi	cal		LLIAN MAY	THO	MAS	41 Oh Tour	Octob		96	0755
	Examir	ner	4a. Facility Nama (If not institution, gi	va straat and number) ritage Cent	er		4b. City, Town, or Dundal	.k	th 4c. County Balti		
	Funeral Director		5. Social Security Number 6. 216-14-1141 Usual Rasidanca of Dacedant	Sax 1□M 2 5 F 93	(In yrs. last b	yrs. If Undar 1 Ya Months Da		8. Data of B (Month, D May 8	irth Bay, Year) 3 1903	9. Birthp Cour Mar	placa (Stata or Foreign ntry) yland
	Maryland a-f show	ctor	10a. Stata 10b. County MD Baltim	ore		wn or Location Oundalk				1	10d. insida City Limits 1 Yas 2 No
	ath with the 23a or 28	ral Director	10e. Street and Number 6823 Bessemer	Ave.		10f. Zip Cod	21222		10g. Citizan of V	What Cour A.	ntry?
0020	72 hours after death with the Maryland "naturel", or items 23s or 28s-f show social Examinet must be notified at	d by Funeral	11. Marital Status 1 □ Navar Marriad 2 □ Marriad 3 ☑ Widowad 4 □ Divorced	12. Was Dacadant E Armed Forcas? 1 Yas 2 N If Yas, Giva Yaar or Datas:	0	1 □ Yas 2751			o- 14. Rac Blac Specify	ck, Whita,	can Indian, atc. ite
Maryland 21215-0020	G 1 3	Completed	15. Dacadant's E (Spacify only highast gi Elamantary/Secondary (0-12)	ducation ada complatad) Collaga (1-4or 5-		a. Decedant's Usual Oc (Giva kind of work do lifa. DO NOT usa rel ISSEMbly lil		rking	16b. Kind of Bi		
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/lan	\$ 5 5 0	To B	Georg	e Phill	.ips		J	Tennie	Smi	.th	
Man	and and	ľ	19a. Informant's Name/Ralationship			b. Mailing Addrass (Str					Coda)
e,			Mrs. June Thomas 20a. Mathod of Disposition	- daughter	20b. Place	0823 Bessement of Disposition (Nama of		Data	20c. Location -		own State
Baltimore,	it. Page rtment c rtant: if njury or		Burial 2 Cramation 3 4 Donation 5 Othar (Special Signature of Funaral Service Lice	fy)		len-Seward	Cemetery 1		Hills H		
Ba	Depa Impo any li		* Krouth	& Thomas	-g.	700 Locus	uneral Hom st St. Cam	nbridge		3	
Ų	Physician [®]		23a. Part1. Entar tha disaasa, or con shock, or haart fallura. List only	pplications that caused to ona causa on aach line	ha daàth. Do i.	not antar tha moda of o	lying, such as cardia	c or raspiratory	arrast,		Approximata Intarval Batween Onset and Death
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	nd transit	Examiner	Sequantially list conditions,	b	ua to (or as a	consequanca of):				1	
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s, P.O.	ires that the death cer signed by the attandin d be detached for use	by Phy						1	Yes 2 No	3 Prol	bably 4 Unknown
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lo L	는 문호	n: To	27. Mannar of Death	28a. Data of Injury (Month, Day	-	utpatient 3 DOA Tima of lnjury 28c. In	4 Liprivursing in		how injury occur		y)
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	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifiar (Check only one)	nyalcian: To the best of ninar: On the basis of a and mannar state	xamination ar	a, daath occurred at tha nd/or invastigation, in m	tima, data and placa y opinion, daath occu	, and dua to the irred at tha tima	causa(s) and ma , data and place,	nnar as si and dua to	tated. o tha cause(s)
	To the To the complex	×	29b. Signatura and title of certifiar				nsa number		29d. Data signa		
		-		soling, Mel			7753	٠	/0 -	28	-1996
			30. Nama and addrass of person who	MASENA,	M-D.	710 CH	LRCH , E	BALTIT	HERE, A	10 3	11225.
	Sta Registra	_	31. Data filad (Month, Day, Year) OCT 2 9 1	32. Registrar	s Signatura	Randall					

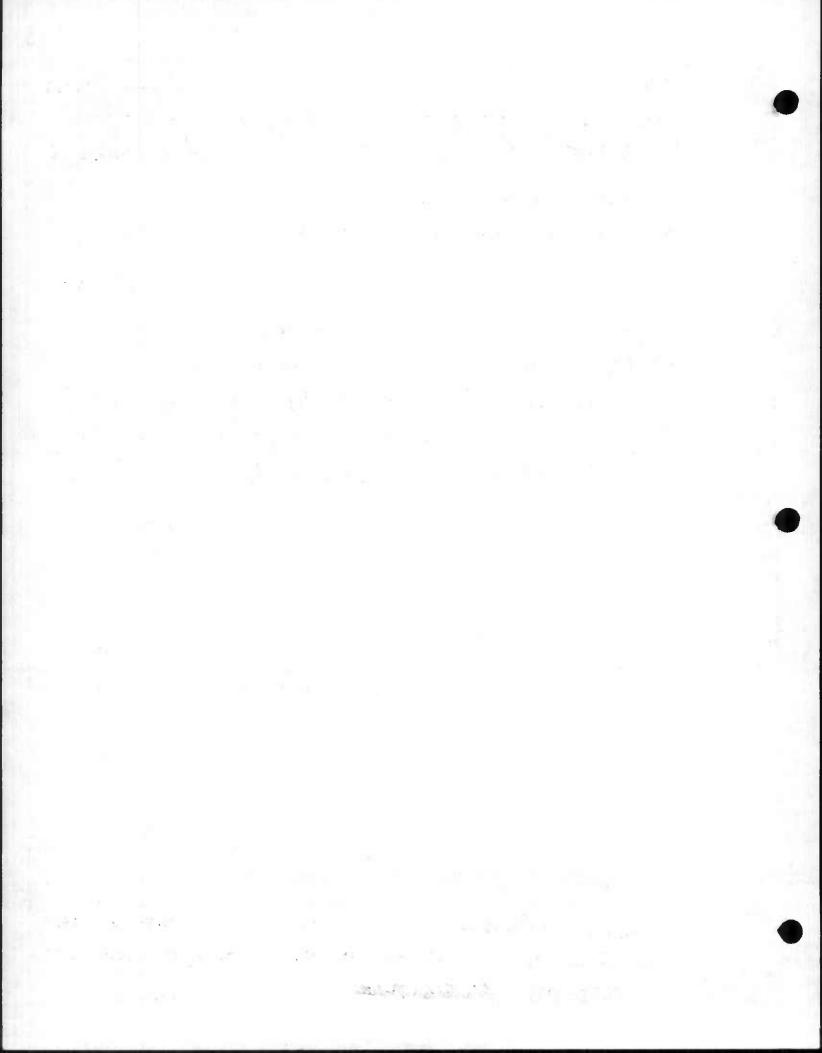
State of Maryland / Department of Health and Mental Hygiene

				State of Marylan	-	ificate of			Reg. No.	90	34146
	Physic	ian	1. Decedent's Name (First, Middle, Last		т	ONGUE		2. Date of De	ath Day	Year	3. Time of Perth
	/Medi		EDITH					OCT.	22, 19	96	11:11 A
2	Exami	ner	4a. Facility Name (If not institution, give		מסח		4b. City, Town, or	4.4			NDET
-	Euperal		ANNE ARUNDEL 1 5. Social Security Number 6. Sec			If Under 1 Year	If Under 24 Hrs			ARU	
	Funeral Director			M 200 F	5 Yrs.	Months Days	Hours Min		y, Year) 0-4/	Coun	ace (State or Foreign try) EYLAND
Vand	MO to		10a. State 10b. County	10c. City	, Town or Loca	ition				1	Od. inside City Limits
Ma	in a d	ctor	MARYLAND Ann ARU	ndel 1	Yaran	pod					1 ☐ Yes 2 ☑ No
ŧ.	or 28	Dire	10e. Street and Number	2	٨	10f. Zip Code			10g. Citizen of	What Coun	try?
£ S	1 23a	rai	11	1 CRECK R	d.	207	76		03	SA	
21215-0020 d within 72 hours after de	f Health and Manial Hygiane. than 27 is marked other than "naturel", or items 23e or 28e-f show other traumatic event, the Medical Exponence must be notified at	by Funeral Director	11. Maritel Status 1 Neyer Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ᠿ No If Yes, Give Yeer or Dates:	if Y	as Decadent of I res, specify Cub	dispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	- 14. Rad Bla Specif	ca - Americ ck, White, o y: BL	
5-0 72 hg	netur	Completed	15. Decedent's Edu (Specify only highest grade	cation	16e. Deceder	nt's Usual Occup	etion	rkina	16b. Kind of B	usiness/Ind	lustry
12 in	han "	mpie	Etementery/Secondery (0-12)	College (1-4or 5+)			during most of wo	rking	A (1. 1	1	
iled v	har ti	CO	17. Fether's Name (First, Middle, Last)		Se	tf Em	ployex	(E) 1 40 1 H	MUK		19
Maryland d 2 should be file	Mantal F srkad of atic eve	To Be	Phillip Col	ins			18. Mothers Na	me (First, Middle, Ry H	Maiden Sumar	ne)	
Aar 2 sh	and si		19a. Informant's Name/Relationship (Ty	oe, Print) Daughter		Address (Street	and Number or R		0 1	Stete, Zip	Code)
	Haalth am 27 other tr		20a. Method of Disposition		200 leca of Disposit	13 HI	11top 4		Innapol	is, Yn	d
Pagas	nt of F It Its		1 Burial 2 □ Cremation 3 □R	emoval from State	emetery, crema	tory or other pla		10/26kg	20c. Location	Ony or To	MI, State
			4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licanse		iews Uf		unctery	1 1/14	14 17	O,	Trick:
Balt permit.	Deper Impor			c/(s/111	11	Name and Addre	W. F	1, (163	V		Rest-DR
	_		23a. Part1. Enter the disease, or complishock, or heart failure. List only or	4	Do not enter	ouse of dul	O CLC	H correspondence	74n	napal	Approximate
/ //	nysician Medical kaminer	ler	Immediate Couse (Final disease or condition resulting in death)	Multip Due to/cor	as a conseque	njuri	«S				Onset and Death
58/50, tificete be axecuted	physician end s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or	as e conseque	nca of):					
68/60 ficete be a	ysicla la bur	edical	Cause (Disease or Injury that Initiated events	Due to (or	es e conseque	nce of):				- t	
	0 6	Sales	resulting in death) Last	500 10 (01	es e conseque	noe or).					
BOX	tandir or usa	an	d							i	
ords, P.O. Box requires that the death cer	been signed by the attandin should be dateched for usa	Physician/N	Part II. Other significant conditions con	ributing to death but not resu	Iting in the unde	erlying cause giv	ren in Part I.	23b. Did	obacco use co	ntribute to	the cause of death?
J par	ed by							10	res 20 No	3 Prob	ably 4 Unknown
dS,	signe Id be	d by						040 Wes		Odb Wo	ro quitaneu fin din an
	as been 2 shou	Completed							an autopsy med?	eva	re autopsy findings ilable prior to apletion of cause eath?
_ F	certificata has b lirector, paga 2 s	Con						此	'es 2□No	1/8	Yes 2□ No
VILCII	ector,	Be	25. Was case referred to medical exeminer?			I aii		ath (Check only o	ne)		
P P Is	this or	. To	1 ☑XYes 2 ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		R/Outpatient		4 LI Nursing F	lome 5 Resid)
ding i	h. Aftar funa	tou tou	1 □Natural 5 □ Pending	(Month, Dey Year)	28b. Time of Injury	28c. Injur Wor	y et k? Yes 2½ANo	28d. Describe I	chick col		
or Attanding	ctor:	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Pleca of Injury - At hor	958 A		103 2/23410	28f. Location (5	treet and Numb	er or Rural	Route Number.
2 5	Dire d in t	Certification:	4 Homicide	building, etc. (Specify,		reet		City or Toy	n, State)	I Sc. R.	ver Club House
Hospit	within 24 hours effer death. To the Funeral Director: After this certific complately filled in by the funeral director, complately filled in by the funeral director,	edical (29a. Certifier (Check only one)	cian: To the best of my know er: On the basis of examinetiand manner stated.	ledge, death or	curred at the tin	ne, dete end placa pinion, death occu	, and due to the rred at the time,	euse(s) and ma date and place,	anner es sta end due to	ited. the cause(s)
o the	relthin compl	M	29b. Signature end title of cartifier	and mainter states.		29c. Licens	e number	T	29d. Date signe	d (Month, E	Pay, Year)
	0		10.	Chute no		00	CME				, 1996
		-	30. Name and address of person who cor		23a) (Type, Pri						
			Dennis J. Chu	temo 1	11 Per	nn Stre	eet, Ba	ltimore	, Mary	land	21201
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Signatu							

32. Registrar's Signature

Julia Davidson-Randalle

State Registrar

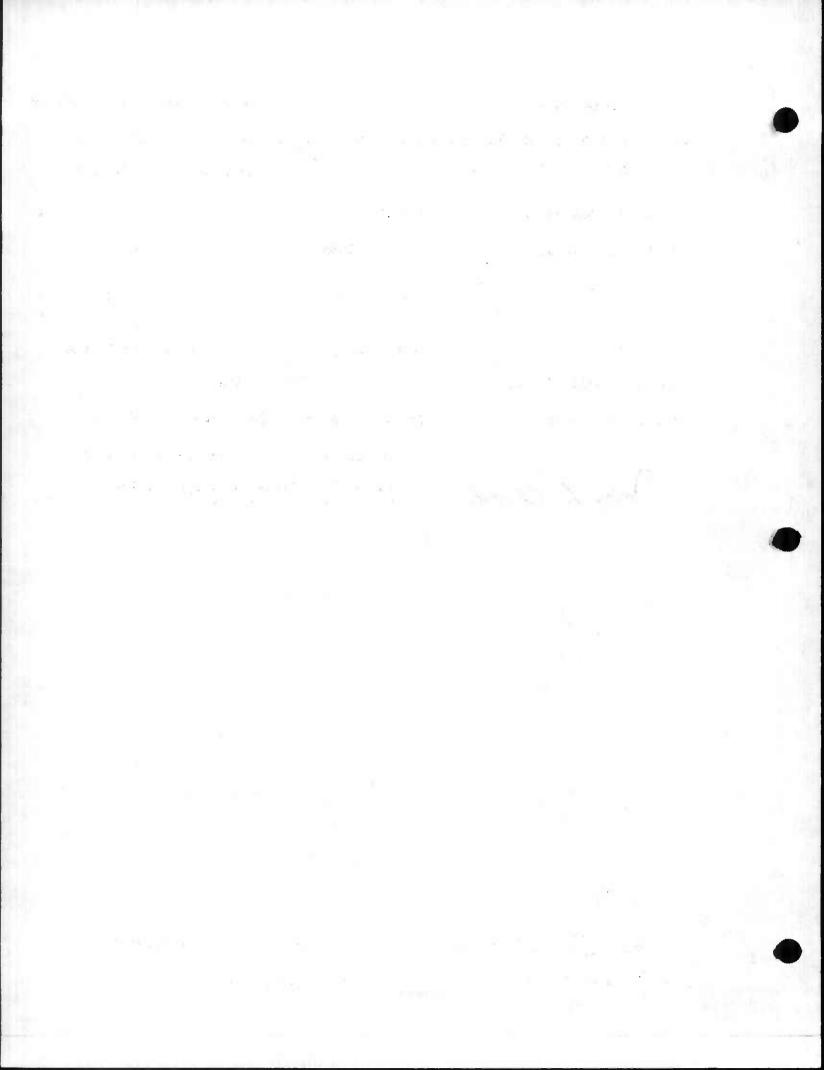


State of Maryland / Department of Health and Mental Hygiene 96 34 14

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П	DI		1. Decedant's Nama (First, Middl	a, Last)									2. Data of D		V		3. Tima of D)eath
	Physici /Medi		Anne C	rowr	1	Т	urto	n					Month 1 0	2 6	(aar 96	11:00	DPM
	Exami		4a. Facility Nama (If not institution	-	-		4100				4b. City, To	wn, or L	ocation of Dear	th 4c. C	county of	Death		
			Avalon Mar	or							Нао	ers	town		Was	shin	gton	
	Funeral		5. Social Security Number	6. Sax		7. Aga (In y	rs. last birth	nday)	If Unda	r 1 Yaar		24 Hrs.	8 Date of Bi	rth				Foreign
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			Usual Rasidance of Decedant							1					- 1	- COIII	1180011	, 2.0
	Jend Mo		10a. Stata 10b. County			10c.	City, Town	or Loc	cation							100	d. Insida City	Limits
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	the 288	Director	10e. Straat and Number	IIC	LSOII		Onar	. 10.	1	o Coda				10g. Citiza	n of Wh	at Countr	v2	
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Maryland 21215-0020	CI O TO S		19a. Informant's Name/Relations					1					el Routa Numb					
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altimore,			20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation	3 □ R	amoval fron	n Ctata	o. Place of I	, cram	atory or	othar pla	ce)	i	Data	20c. Loca				
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a	permit. Peges Department of important: If it any injury or once.		21. Signature of Funaral Sarvice	License	е	Λ	2.0	22.	Nama a	nd Addre	ss of Facili	ty						
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-	Physician		shock, or heart failure. List	only on	a cause[on	aach lina										i	ntarval Betwe Onsat and De	een
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0	ofing Pt h. After th funeral		27. Mannar of Death 1 Partural 5 Panding	_	28a. Data	a of Injury onth, Day Year	28b. Tir		- 1	28c. Injui Woi	y at		28d. Dascribe	how injury	occurred			
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DIVISION	Afte or de by th	Certification:	3 ☐ Suicida 6 ☐ Could r 4 ☐ Homicida detarmi		28a. Plac	e of Injury - At	homa, farn	n, stra	at, factor	y, office			28f. Location		Number (or Rural F	Routa Numbe	97,
5	S office	Ser l	4 El Homoda		Ounc	ding, atc. (Spe	icity)						City or To	wii, Stata)				
	nera nera y fille		29a, Cartifiar 1 ☐ Certifying	g Physi	cian: To th	a best of my k	nowledge,	daeth	occurred	at tha tir	na, date en	d place,	and dua to tha	causa(s) a	nd menn	er es stat	ed.	
	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	edical	(Check only 2 Medicei I	Examin	er: On tha l	basis of axaml nnar stated.	nation and/	or Inve	astigation	, In my o	pinion, daa	th occur	red at tha tima,	data and p	ace, and	dua to th	na ceusa(s)	
	Within To the Comp.	M	29b. Signatura and title of certifiar			_		-	29	c. Licans	a number			29d. Data	signed (A	Month, De	ıy, Year)	
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			30. Name and address of person v	who con	nnleted co.	isa of death /li	em 23e\ /T	vne P	rint)		· .					, ,		
			Vasant Datta							I a ~ -		. 37	1 - 1					
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State of Maryland / Department of Health and Mental Hygiene 0.5

							rtificate		Death		Reg. No.	b	34140.
	Physic	ion	1. Decedent's Neme (First, Mid	ldle, Lest)						2. Dete of De Month	ath Day	Yeer	3. Time of Death
	Physic /Medi		John Lewis	Taylor						Octobe	r 30, 19	996	2:36 AM
	Exami		4e. Fecility Neme (If not institut		number)				4b. City, Town, or L				
1			Mediplex of Mo:	ntgomery \	/illage	Nursin	g Home		Gaithers	burg	Mo	ntgo	merv
т	Funeral		5. Social Security Number	6. Sex		s. last birthday	if Under 1		if Under 24 Hrs.	8. Dete of Bir (Month, De			plece (Stete or Foreign intry)
	Director		577-09-4857 Usual Residence of Decedent	1⊠M 2□ F	83	Yrs.	Months	Days	Hours Min.	June 24	y, Yeer) 1, 1913	Vir	ginia
	w m		10a. State 10b. Coun	ty	10c. (City, Town or L	ocation						10d. Inside City Limits
	Mery -1 sh	ō	Maryland Mont	gomery		Rockvi	11e						1 ☐ Yes 2 ☒ No
	the 28s	9	10e. Street end Number				10f. Zip C	ode			10g. Citizen of	What Cou	Into 2
	ath with	Funeral Director	199 Rollins Av	enue			2	085				USA	vidy:
21215-0020	d within 72 hours efter death with the Meryland jiene. I than "natural", or itams 23a or 28a-f show tran Medical Examiner must be notified at	by	11. Marital Status 1 □ Never Merried 2☑ Marital 3 □ Widowed 4 □ Divorce	Armed		U,S. 13.	Was Decede It Yes, specifi 1☐ Yes 2[lispanic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	- 14. Rec Ble Specif	ck, White,	ican Indian, , etc. hite
5-0	72 ho	e e	15. Decede	ent's Education	d	16e. Dece	dent's Usual	Occup	eation during most of work d)	ina	16b. Kind of B	Business/In	ndustry
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	filed within Hygiene.	00	10			Lett	er Car	rie	r		US Post	al S	ervice
Maryland	0 = 0	Be	17. Father's Neme (First, Middle	e, Last)					18. Mother's Nam	e (First, Middle,	Meiden Sumer	ne)	
<u>a</u>	thould be tid Mental marked o	To	William Frasie	er Taylor					Willie	Ethel I	Pope		
an	to DE E		19e. Intorment's Name/Relatio	nship (Type, Print)		19b. Meil	ing Address (Street	end Number or Run	el Route Numb	er, City or Town	, Stete, Zij	p Code)
	nd 2	. Y	Evelyn May Tay	lor		199 R	ollins	Av	enue, #20)5. Rocl	cville.	Mary	land 20852
e e	ST THE OFFICE AND A ST THE		20a. Method of Disposition			Place of Disp	osition (Neme	of		Dete	20c. Location		
Baltimore,	Pages sent of mt: If Ib my or o		1 ⊠ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other				Comot	,		/1/96	Culpone	. V	irginia
₫	artmer ortant injury		21. Signature of Funeral Service		Γč	irview	2. Name end			1/1/90	curpepe	:L, V	IIgInia
Ba	Depril Depril Impo) John	C. Chu	pel.	F	rancis	J.	Collins	Funeral	L Home,	Inc.	, MD 20901
	18 (8)		23a. Part1 F ter the diseese,	or complications the	caused the de	eth. Do not er	ter the mode	of dyir	ng, such es cerdiec	or respiretory e	rrest,	1	Approximete Intervel Between
q	Physiclan		House tallare. El	at only one couse of	1 6 6 Cit III le.							- 1	Onset end Deeth
	/Medical	1	Immediete Ceuse (Final diseese or condition		710,	20 0 00	5						5-1-5
	Examiner		resulting in deeth)	Θ	Due to	lor on a conso	auanos ett:	_					5 days
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	tificete be executed g physicien end es the buriel-transit	Examiner	and the second	b	erebra			cci	dent			1	one year
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68760,	sicie bur	a	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events	C									
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Box	deeth cerl e ettendin id for use	iar										i	
P.O.	the d	Physician/M	Pert II. Other eignificant condit	tions contributing to	death but not re	sulting in the t	inderlying cau	se giv	en in Pert I.	23b. Dld	lobacco uee co	intribute t	to the cause of death?
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Records,	v requir been s should	Completed	*								en eutopsy rmed?	91	/ere eutopsy findings veileble prior to
9	> TI (0)	ple										of	ompletion of cause deeth?
Œ	The i	on								10	Yes 20 No	11	☐ Yes 20 No
ta	iclan: The lev certificete hes rector, page 2	Be C	25. Wes case referred to medic	al					26. Piece ot Deet	h /Check only o			
>	Physician: this certific	0	exeminer? 1 ☐ Yes 2 ☑ No	Hospitel: 1	Inpatient 2	☐ ER/Outpetie	nt 3 DOA	Oth	05: 5		dence 6 □Oth	er (Snecii	(fu)
Division of Vital	Physical Phy	D: T	27. Menner of Deeth	28e. Det	e ot injury	28b. Time o		. Injur			now Injury occur		77
0	Attending Phirdeath. octor: After the by the funerel	Certification:	1 Neturel 5 ☐ Pend 2 ☐ Accident Inves	ing (Mic tigation	onth, Dey Yeer)	Injury	М		Yes 2□No				
15	dea ctor	fice	3 ☐ Suicide 6 ☐ Couid	not be 28e. Pla	ce of Injury - At	home, farm, st	reet, fectory, o	offica		28f. Location (Street end Numi	ber or Run	re! Route Number,
á	Or Dire	ert	4 Homicide	buii	ding, etc. (Spec	ify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Tox			
П	pital oral fillec		29a. Certifier 1 Certify	Ing Physiolen: To th	a bank of my lea	audadas dast	b	at a Ala					100
	24 h	edicai	(Check only 2 Medica	ing Physician: To the Examiner: On the	besis of examin	ation end/or in	vestigation, In	my o	plnion, deeth occur	red at the time,	dete end placa,	end due t	o the cause(s)
	To the Hospital or Attend within 24 hours efter deatl To the Funeral Director: completely filled in by the	Me	29b. Signeture end title of certifi		ei stateu.		29c I	icens	e nu <i>m</i> ber		29d. Dete signe	d (Month	Dev Year)
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	2		30. Neme end eddress of person	n who completed car	use of deeth (Ite	m 23e) (Type,	Print)						
			809 Viers M.	11 Kd	use of deeth (Ite	Eville	, Mr	d	208-	51			
	Sta	_	31. Date tiled (Month, Dey, Yee	Julia	Theist distant	Madana							
	Registr	ar	MAN OF 1991	0									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month HOMAS WILLIAM HOWARD 14317M 24 OCT /Medical 4e. Fecility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Holy Cross Hospital Silver Spring Montgomery 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplece (State or Foreign Country) 1⊠M 2□ F Days 75 Yrs 577-28-3578 Director 25, 1921 Georgia Aug. Usual Residence of Deceden the Meryland 10e. Stete 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or Items 23s or 28s-f show other traumstic event, the Mexical Experient results to notified at 10d. Inside City Limits 1₽Yes 2□No Directo Maryland Prince Georges Seabrook 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 9413 Underwood Street 20706 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Maritel Status filed within 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: **Black** þ 3 ☐ Widowed 4 ☑ Divorced Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) permit. Pages 1 and 2 should be filed withir Depertment of Health and Mental Hygiene. Important: If item 271s merked other than any Injury or other traumetic event Elementery/Secondery (0-12) 1 2 College (1-4or 5+) Reference Bibliographer Library of Congress 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be William H. Thomas, Sr. Sarah Simms 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) William H. Thomas, III/Son 9413 Underwood Street, Seabrook, Maryland 20706 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park 11/1/96 Rockville, Maryland 21. Signeture of Funerei Service Licansee 22. Name end Address of FecilityHines-Rinaldi Funeral Home 11800 New Hampshire Avenue ()low Wonnell Silver Spring, Maryland 23a. Pert1. Enter the discussed in complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear finure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Finel INFARCTION diseese or condition resulting in death) **Examiner** Examiner bunel-transit pue Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of): attending physician for use as the bune Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1A Yes 2□ No 3 Probably 4 Unknown PROSTATE CARCINOMA 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? HYPERTENSIVE CARDIOVASCULAR DISEASE page 2 1 ☐ Yes 2 K No this certificate 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: Jo 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Medical Certification: 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident

The law requires that the death certificate be executed Box 68760. P.O. | Records, Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director;

Baltimore, Maryland 21215-0020

3 Suicide 4 Homicide 29a, Certifier (Check only

6 Could not be determined

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner steted. 29b. Signeture end title of confile 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

026 FERNWOOD RA OCT 2 9

Registrar

State

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State of Maryland / Department of Health and Mental Hygiene

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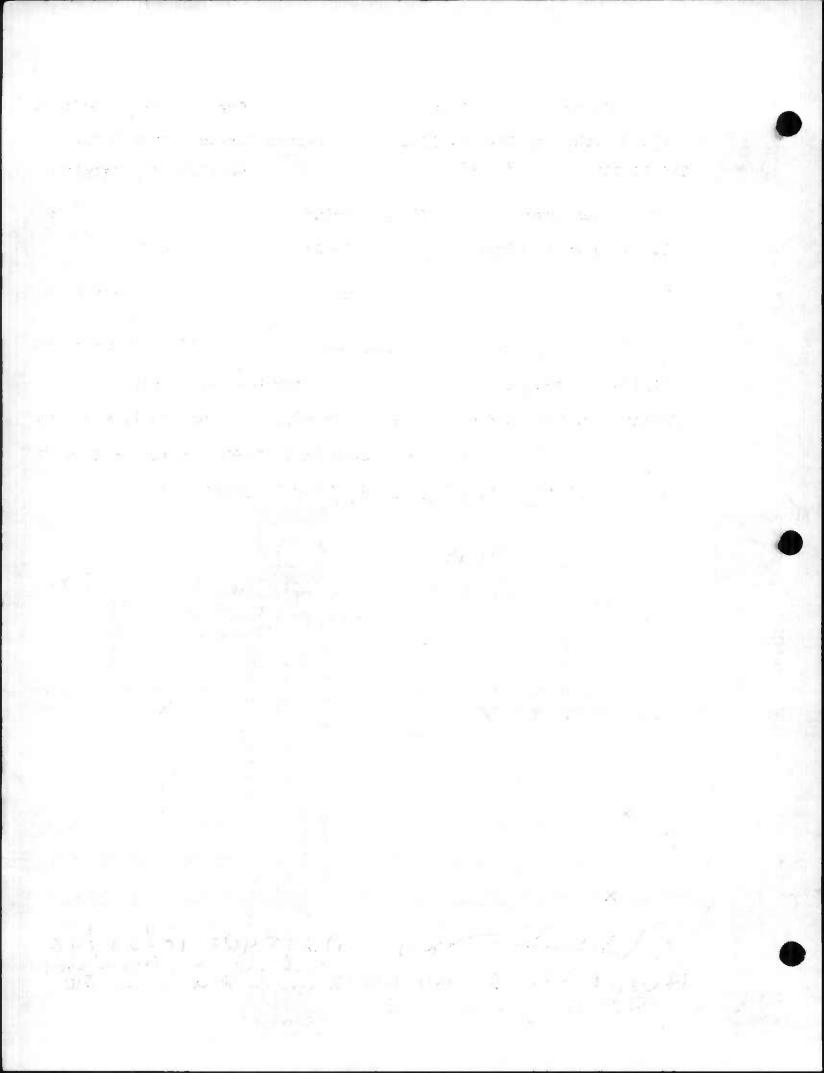
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	Funeral			1 M 2√2 F	7. Age (In yr.	s. <i>iest birtna</i> i Yrs	Months Dev		Min. (Month, L	irth De <i>y, Year)</i>		plece (State or Foreign ntry)
	Director		523-08-1961 Usual Rasidence of Decedent	X	35	115			Oct. 2	5, 1961		sylvania
	and *		10a. State 10b. Count	v	10c. C	City, Town or	Location				1	Od Incido City Limite
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	Ne N	Director	Maryland Montg	gomery	Ga	ithers						**
	di 8	급	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Coun	itry?
	ath v	Ta .	7413 Cinnabar				208			United	Stat	es
	er de	Funeral	11. Maritel Status	Armed F		U,S. 1	Was Decedent of If Yes, specify Co	Hispanic Origin Iben, Mexican, P	? (Specify Yes or Nuerto Rican, etc.)	14. Ra	ca - Americ	
20	s off	by F	1 Never Merried 2 Mai	If Yas, G	2 No live		1□Yes 2XN			Specia		
0	ureľ	Q P	3 Widowed 4 Divorce		Dates:						V	Vhite
21215-0020	should be filed within 72 hours efter death with the Maryland of Mental Hygiene. marked other then "natural", or items 23a or 28a-f show imatic event, the Medical Examines must be notified at	Completed	15. Deceder (Specify only highs	nt's Education a s t grede com <i>pl</i> eted	")	(Gi	cedent's Usuel Occ ve kind of work don	e during most of	working	16b. Kind of B	usiness/Inc	dustry
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an	S d a S	Be							Neme (First, Middl		ne)	
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Maryland	is mer		19e. Informent's Neme/Ralation				eiling Address (Stre					
ص ص	ges 1 and 2 should it of Health and Mer If item 27 is marks or other traumatic	1	Margaret Theur	er, Mothe			Cinnaba	Terrac				
Itimore,	t of t		20a. Method of Difficultion 1 X Burial 2 Cremation	3 □Removal trom		cemetery, c	sposition (Neme of remetory or other p	lace)	Oct. 30	20c. Location	- City or To	wn, Stete
	men ant:		4 Donation 5 Dother (6	Spapity)		ate of	Heaven (Cemetery	1996	Silver	Sprin	g, MD
a	permit. Pages 1 end 2 s Department of Health er important: If item 27 is any injury or other trau		21. Signature of Euperal Service	Libensee			22. Name end Add	ress of Fecility	DeVol Fu	maral U	Omo	
n	20.5 2 9		1 Jares	M. He	·		10 East D	eer Parl				MD 20877
	4		23a. Part1 Enter the disease, o	r complications that	caused the dae						,	Approximete
	Physician		and or near made) is	t only one ceasa on	eedi iiie.						1	Intervel Between Onset end Death
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מ	law requires thet the death as been signed by the etter s 2 should be deteched for t	by Physicia	Pert II. Other significant condition	ons contributing to d	leath but not re	sulting in the	underlying cause o	iven in Pert I	23h Di	I tohecon uen or	antributa ta	the cause of death?
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ğ	v requires thet the de been signed by the should be deteched		hepatitis B, th	rombooute	nonia	cacond	lary to be	nne marr	24a. We	s en eutopsy	24b. We	ere eutopsy findings
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0	는 분들	. To	27. Menner of Death	28e. Date	Inpatient 2	JER/Outpet 28b. Time	IGHT 3 DOX	4 Indian	g Home 5 Nessribe	how injury occur)
	ding h. After fune	tion	1 XNatural 5 ☐ Pendir	ng (Mor	nth, Dey Yeer)	Injun	/ W	ork? ☐ Yes 2 ☐ No	Zod. Describe	now injury occur	100	
S	deat deat stor: y the	Ica	3 ☐ Suicide 6 ☐ Could	not be	o of Injune. At h	omo form			29f Location	(Street end Numi	har as Russ	I Pouto Alumbas
DIVISION	or A efter Direction	Certification:	4 ☐ Homicide datem	build	ing, atc. (Spec	ify)	street, factory, office	,		wn, Stete)	Jer or Hurer	House Walliber,
1	pitai orai filled		29a. Certifier 1X Certifyir	a Dhualainn. To the	had at at my lan							
	To the Hospital or Attending R within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	(Check only 2 Medical	ng Physician: To the Examiner: On the b	esis of examination	etion end/or	eth occurred et the Investigation, in my	time, date end pl opinion, deeth o	eca, end due to the ccurred et tha tima	ceuse(s) end me , data end place,	and due to	eted. the ceuse(s)
	ithin o the	N N	29b. Signature and title of certifie	MARKET MARKET	A . 4	11/	29c Licer	nse number		29d. Date signe	ed (Month i	Day Veer)
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	4		Lewis Hilliard				JZUI Gree	mert KC	1. 1/U-1 C	orrege L	alk,	110 20/40
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UHN	4H 16 Rev 6/9!	0				-						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Day 1996 25, 3:35 p. Thomas Oct. Sh-Neen D. /Medical 4a. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 11552 February Circle, #101 Silver Spring MONTGOMERY 7. Age (In yrs. lest birthday) 27 Yrs. If Under 1 Year Months Deys 8. Date of Birth (Month, Day, Year) Apr. 7, 1969 5. Social Security Number If Undar 24 Hrs. 9. Birthpleca (State or Foreign Country)
Maryland **Funeral** 1□ M 2□¥ Hours 214-82-6352 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location must be notified at 10d. Inside City Limits MD Montgomery Silver Spring Completed by Funeral Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11552 February Circle, #101 20904 U.S.A. death (terms 12. Was Decedent Evar In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - Amarican Indien, r than "natural", or iten the Medical Examiner Black, White, etc. filed within 72 hours after 1 Never Merried 2 ☐ Married I ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 Black 1 ☐ Yas 2X No Specify. 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) Yrs Dist. Court of MD Secretary Pages 1 and 2 ahould be filed withness of Health and Mental Hygier tant: If Item 27 is marked other thighry or other throughly or other throughly and the sevent, that 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumema) Be William E. Thomas Kathleen M. Jackson 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kathleen M. Thomas (Mother) 16525 Brogden Rd., Spencerville, MD 20868 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stata 1 Burial 2 □ Cremetion 3 □ Removal from Stete Department of Department of Important: If any injury or once. Gate of Heaven Cem. 10/30 Silver Spring, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name end Addrass of Fecility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 23e. Parl 1. Enter the discusse, or complications that caused the deeth. Do not entar the mode of dylng, such es cerdiac or respiratory arrest, shock, or heer fairure. List only one cause on each line. Approximete Intervel Batween Onset end Deeth **Physician** /Medical Immediate Cause (Finel SEPSIS disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of). To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours efter deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunal-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of) Pert Ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown THMOGILL þ Completed 24b. Were autopsy findings aveilable prior to completion of causa of death? 24e. Wes en eutopsy performed? 2 No 1 Yas 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 25€No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 1 Maturel 28e. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) MN who completed eauss of deeth (Item 23e) (Type, Print) MD Ш Mn 1450 R IUL 624 Registrer's Signature State Registrar



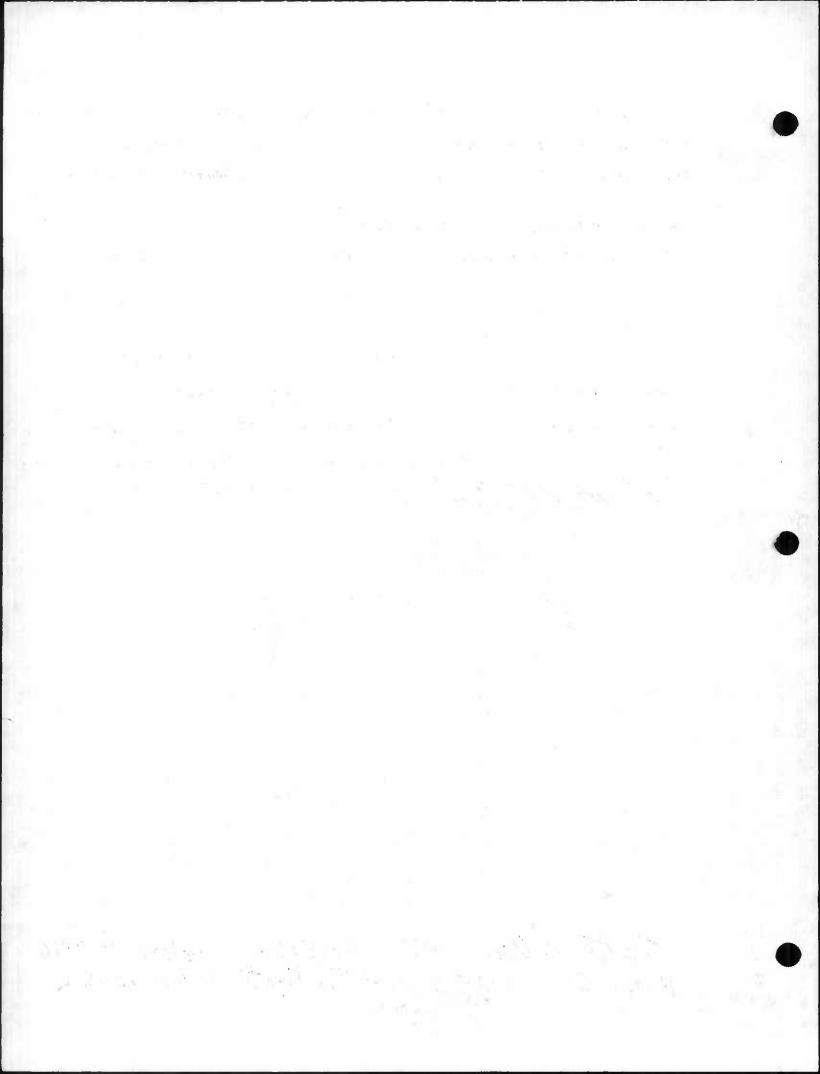
State of Maryland / Department of Health and Mental Hygiene

31, 152

						Cei	rtificate	e of L	Death			Reg. No.		04106
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Funeral Director		5. Sociel Security N 216-18-00	053	6. Sex 1 □ M 2 X F	7. Age (In yr	s. last birthday) 72 Yrs.	If Under Months	Year Days	If Under Hours	24 Hrs. Min.	8. Dete of E (Month, I JUNE 1		9. Birth	place (State or Foreign ntry) YLAND
the Maryland 28a-f show notified at	or	Usual Residence o 10e. Stete MARYLAND	10b. County GARRET		1	City, Town or Lo	cation							10d. Inside City Limits
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snd Menta s marked sumetic ev	ToB	ROBERT 19e. Informent's Na	ame/Reletions	hip (Type, Print)					and Numb	er or Rui		ber, City or Tow		o Code)
주 등 전 는		PETE VIR 20e. Method of Disp	position	SBAND 3 □ Removel from	20b.	Plece of Dispo				ROA	D, SWAN	FON, MD. 2		own, Stete
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Stat Registra	te .	30. Name and address 31. Dete filed (Mont	RIM	DER	se of deeth (Ite	NOW	Print)	23	19 A	1 L	fami	M.D.	Par	tenf

State of Maryland / Department of Health and Mental Hygiene

				-	Certificate of			eg. No. 96	34153
	Physic /Medi Exami	cal	Decedent's Neme (First, Middle, Last) DAVI d C 4e. Fecility Neme (If not institution, give street and number)	VA,	NOERBE	4b. City, Town, or I	2. Dete of Deet Month OCT Location of Deeth	Dey Yee 4c. County of De	6 10:05 AM
	Funeral Director		Washington Adventist Hospit. 5. Social Security Number 06. Sex 1 ☑ M 2 ☐ F Usual Residence of Decedent	(In yrs. lest birt			8. Date of Birth	Montgome 9.8 6,1918 No	irthplece (State or Foreign
	h the Maryland r 28a-f show	tor		10c. City, Towr	or Location er Spring				10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	with the	il Director	10e. Street end Number 11200 Lockwood Drive Apt. 40		10f. Zip Code 2090	11	10	Og. Citizen of Whet (
020	72 hours after death with the Maryland natural', or Items 23a or 28s-f show dical Examinet must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 3 □ Widowed 4 □ Divorced 1 □ Ves Decedent E Armed Forces? 1 □ Yes, Give Year or Dates:	ver in U,S.	13. Was Decedent of I If Yes, specify Cub	Hispanic Orlgin? (Spen, Mexican, Puert	pecify Yes or No- Rican, etc.)	14. Race - An Bieck, Wh	nerican Indien,
21215-0020	within ane. than "	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 1 2 College (1-4or 5+	+)	Decedent's Usuel Occup (Give kind of work done life. DO NOT use retire dow Washer	duning most of work	king	16b. Kind of Busines	s/Industry
Maryland 2	be filed Ital Hyg of other event,	To Be Co	17. Fether's Neme (First, Middle, Lest) James William Vanderbeck	WIII	dow washer		ne (First, Middle, M		vernment
	1 and 2 s Haalth ar In 27 is		19a. Informent's Name/Relationship (Type, Print) Grace W. Vanderbeck 20e. Method of Disposition	11.	Meiling Address (Street 200 Lockwoo Disposition (Neme of y, cremetory or other ple	d Drive	rel Route Number,	City or Town, State	20901 Maryland
Baltimore,	Pages Department of I mportant: if Ite iny Injury or or ince		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses			metery 1	0/28/96	Silver Sp	ring,Maryland
	Physician	4	23a. Bart 1. Enter the disease or complications that caused to shook, or heart failure. List only one cause on each line	he death. Do n	500 Univer	sity Blvd	W. S11	.Spr. Mar	yland 20901 Approximete Intervel Between Onset end Deeth
2	/Medical Examiner	-e-		ue to (des eg	UMANA (Consequence of):				5 days
	eath certificate be executed attending physician and for use as the burlat-transit	In/Medical Examiner	If eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	40 10 (01 05 0 0	onsequence of): ment of and onsequence of):	Cerebro	Yescaler	acci dent	4 months
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DIVIS	무용하다	Certification:	4 ☐ Homicide building, etc.	(Specify)	m, street, factory, offica		City or Town,		
	To the Hospital within 24 hours a To the Funeral I completely filled	Medical	29a. Certifier (Check only one) 1	xamination end	or investigation, In my o	pinion, death occur	red et the time, da	te end place, end du	e to the cause(s)
	¥ ¥ £ 8		30. Name and address of person who completed cause of dee	M7	29c. Licens	30362	0	d. Dete signed (Mar Leber 2	4,1996
-	8 Sta		Norton Elson 652 3 31. Dete filed (Month, Dey, Year) 32. Registrars	5 Be	Corest Ro	d Hya-	ttsville	MD 20	782



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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TIETO: 23 PART 1, 27, State of Man	land / Department of Health and Mental Hygiene
Deb web string a 711 11/15 Cale of Ivially	iand / Department of Health and Mental Hygiene

PER MED FILM G-741 11/15/96 t.t

Certificate of Death

4:35

Physician
/Medical
Examiner

4a. Fecility Name (If not institution, give street and number)
MONTGOMERY GENERAL HOSPITAL

Decedent's Name (First, Middle, Last)
DANIEL BOLT

4b. City, Town, or Location of Death OLNEY

4c. County of Deeth MONTGOMERY

Reg. No.

2. Date of Deeth

OMonth

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any filury or other traumatic event, if a Meuical Examinat must be notified at anothes.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

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5. Social Security	-8556	6. Se:	x ₫M 2□F	7. Age (In yi	rs. last birthday) Yrs.	Months Day 4 25		Ain. M	Date of Birt (Month, Da Iay 28	y, Year) 1996	9. B Mai	lirthplace <i>(State or Foreigi</i> Country) ryLand
Usuel Residence				100	O> T 1							
10a. State	10b. Count			100.	City, Town or Lo	ocation						10d. Inside City Limits
Maryland	d Montg	omer	У	0	lney							1⊠Yes 2□No
10e. Street end i	Number					10f. Zip Code	0			10g. Citizen	of What C	Country?
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1 Never M	larried 2 Ma	rried	Armed Fo			If Yes, specify Co	of Hispenic Origin? uban, Mexican, Po	uerto Ric	can, etc.)	В	leck, Wh	nite, etc.
	d 4 Divorce		If Yes, Gir Year or D	ve NT/	A	1 ☐ Yes 2 ☑ N	lo Specify:			Spe		71- 4 -
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		14)			1	I/A					/A	
17. Father's Nam							18. Mother's i				iame)	
John Ro	obert Va	aloi	S				Jill B	olt	Valoi	S		
19a. Informent's	Name/Relation	ship (Ty	pe, Print)		19b. Malli	ing Address (Stre	et and Number or	Rural F	Route Numbe	er, City or Tov	vn, State,	, Zip Code)
John Ro	bert Va	lois	s/Fathe	er	2927	Cloverc	rest Way	. 0	lnev.	Marvla	nd	20832
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	n 5 ☐ Other (-		Gá	ate of	Heaven (Jemetery	10,	26/96	Silver	c Spi	ring, Maryla
21. Signature of	Funeral Service	Voense	ю /		22	2. Name end Add	dress of Fecility	Hine	s-Rina	aldi F	uner	al Home
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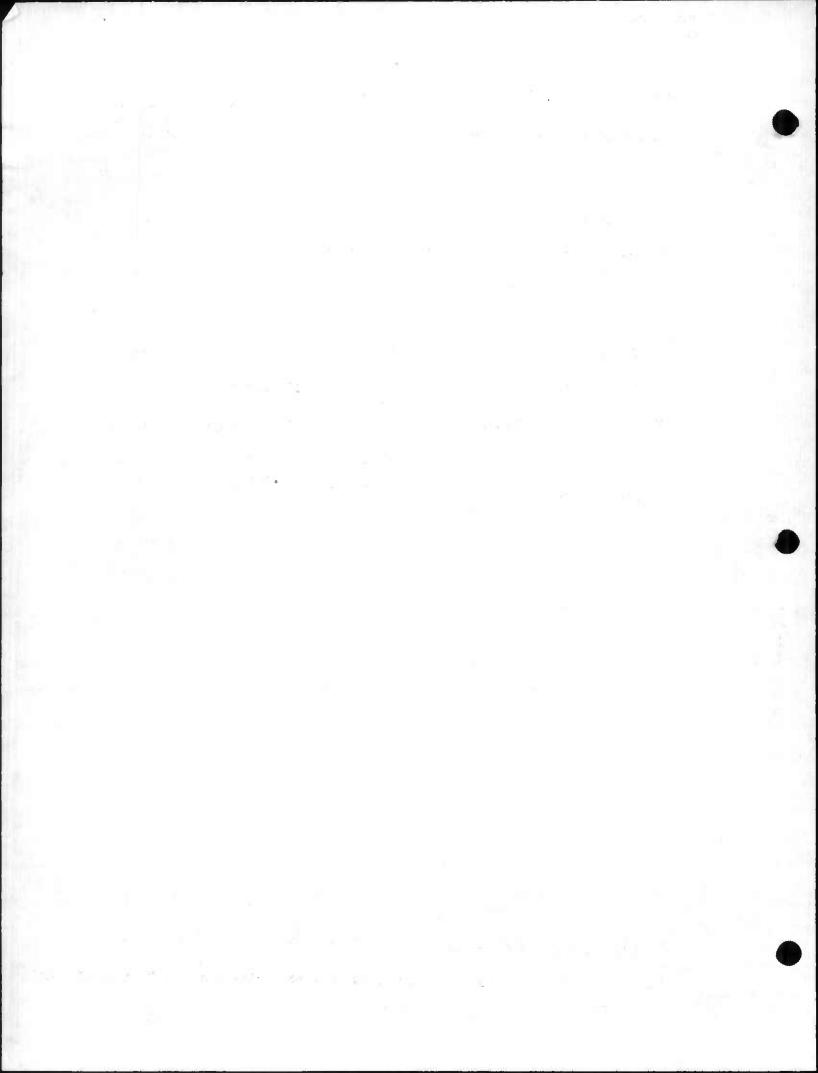
32. Registrar's Signature

State

Registrar

31. Date filed (Month, Day, Year)

OCT 2 8 1996



State of Maryland / Department of Health and Mental Hygiene

					,	Certif	icate of	Death		Reg. No.	90	34155	
	Dhusia		1. Decedant's Name (First, Middle, La						2. Data of De	ath	Voor	3. Tima of Death	_
	Physic /Medi				eatle	у			Octor:		1996	1:17 PM	1
	Exami	ner	4a. Facility Name (If not institution, giv					4b. City, Town, or		n 4c. County	of Death		
		Н	William Hill Hea				I I I I I I I I I I I I I I I I I I I	Cambr	-		chest		
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	Many 1 sh	to	Maryland Dorche	ster	Cambri	idge						XX Yas 2□No	
	r 28a	Director	10e. Street and Number				Of. Zip Coda			10g. Citizan of V	What Count	ny?	_
	h with	D is	525 Glenburn Ave	nue			21613			U	S		
	dea	Funerai	11. Marital Status	12. Was Decedant Ev Armad Forces?	er in U,S.	13. Was	Decedent of H	lispanic Origin? (S an, Maxican, Puer	Specify Yas or No	- 14. Rac	e - America		
altimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any follury or other traumatic event, tra Medical Examine: must be notified at ance.	þ	1 ☐ Navar Married 2 ☐ Married 3 🛱 Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:			Yes 2 No	Spacify:	to rican, atc./	Specify	ck, Whita, a v: Wh:	ite	
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lan	should be nd Mental marked o	To Be	Joseph H. May	ne, Sr.					Elmira	Gore	, ,		
ary	shound M	 -	19a. Informant's Name/Ralationship (196	o. Mailing A	ddrass (Street	and Number or R			Stata, Zip (Code)	
Σ	1 end 2 Heeith e em 27 is		Kenneth M. Wheat	ley Son	10	D2 Ric	chardso	n Drive	Cambridg	ge, Mary	land	21613	
ore	of He of He of He		20a. Mathod of Disposition		20b. Place o	f Disposition	on (Name of bry or other place	ce)	Date	20c. Location -	City or Tow	m, Stata	_
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	E 5 2 0		In L) to	men		700) Locus	t Street	Cambrid	lge, Mar	yland	21613	
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Box	eath cer ettendin I for use	cian									ĺ		
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	s that pned b	by P	CORO MA RY	ARTERY	DIS	EASE			טי	Yes 2D No	3 Probe	ably 4 Unknown	.ni
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=	ysician: The lav is certificate hes director, page 2	Completed							1 🗆	Yas 2 No	10	Yes 2 No	
Vital	Physician: this certific ral director,	Be	25. Was case refarred to medical axaminar?	A to % - b			100		ath (Check only	ona)			
<u></u>	£ 5 =	2	1 ☐ Yas 2 ☐ No 27. Mannar of Death	Hospital: 1 ☐ Inpatiant 28a. Data of Injury		utpatient 3		4Chiursing I	Homa 5 ☐ Rasi	dance 6 Oth			
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á	s efte	Certification:	4 ☐ Homicida Gataminad	building, etc. ((Specify)				City or To	wn, Stata)			
	To the Hospital or Atta within 24 hours efter de To the Funeral Directo completely filled in by the	edicai	29a. Cartifiar (Check only one) (Check only one)	reician: To the bast of re lnar: On the basis of ax and manner state	camination an	ı, daath occ d/or invasti	curred at tha tin gation, in my o	na, data and place pinion, daath occu	e, and dua to tha urred at tha tima,	causa(s) and ma data and place,	innar as sta and dua to t	ted. ha causa(s)	
	Vithii Vomp	ž	29b. Signatura and titla of certifiar	0			29c. Licens	e number		29d. Date signe	d (Month, D	ay, Year)	-
			Michael a. U	Loskous	10		2-	-1660	9	Octob	te a	28, 1996	
		Ì	30. Nama and addrass of person who			(Type, Prin	02 0	10011 07	0 1 1	0.1	14.00	7 7, 11	-
			MICHAEL A. W 31. Data filad (Month, Day, Year)	LOSLEWIC:	Z WY	0. 5	05 5	4ED 31.	CAM!	RIAGE	MI	1. 01813	3
	Sta Registr		OCT 9 A	32. Ragistrar's	A Signatura	Rarda	Ц						
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			State of Maryland / Department of Health and N Certificate of Death		giene 9	6 34156
		Ч	1. Decedent's Neme (First_Middle, Last)	2. Dete of Dea	ath	3. Time of Deeth
	Physic		James Thelan JR	Octobe	Dey /	496 9:15 pm
	/Medi Examiı		4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or U			
			Johns Hopkins Huspital			
1	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Ars.	ore 8. Date of Birt	h	Birthplece (State or Foreign Country)
	Director		217-18-80 79 XX M 2 F Yrs. Months Deys Hours Min.	Oct 16		Maryland
	P		217-18-80 79 AA 72 Usuel Residence of Decedent	OCL 10	1724	naryrand
	Maryland -f show	_	10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
	r 28a-f show	cto	MD Anne Arundel Annapolis			MYes 2 No
	≘ 0 €	Dir.	10e. Street end Number 10f. Zip Code		10g. Citizen of W	hat Country?
	€ 23	Funeral Director	308 Melvin Avenue 21401		United	States
	Homs Homs Der ny	Jue	11. Marital Stetus 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Sr. If Yes, specify Cuben, Mexican, Puerto	pecify Yes or No-	14. Race	- American Indien,
20	4 9	by Fi	1 ☐ Navar Married 2 ☑ Married 1 ☑ Yes 2 ☐ No If Yes, Give 1 ☐ Yes 2 ☑ No Specify:		Specify:	, vvino, oto.
5-0020	"natural", or ite		3 □ Wildowed 4 □ Divorced Yeer or Date ₩WII		оросиу.	White
5	na na	Completed	15. Decadent's Education (Specify only highest grade completed) (Give kind of work done during most of work life. DO NOT use retired)	king	16b. Kind of Bus	sinass/Industry
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	e filed with il Hygiana. other than	ပိ	17. Fethar's Neme (First, Middle, Lest) owner-Operator			aphy Business
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N N	d 2 she th and 7 is m traum					
é,	os 1 and of Haalth Itam 27 i		Mary Elizabeth Whelan-Wife 308 Melvin Avenue Anna 20e. Method of Disposition (Neme of	apolis,	Maryland	1 21401 Dity or Town, Stete
ō	0 0		1KDaurial 2 Cremetlon 3 Demoyal from State Cemetery, cremetory or other place)			
Baltimore,	permit. Pag Department important: i any injury o	1	+□Donetion 5□Other (Specify) Maryland Veterans Cemetery			
Bal	permit. Departrimports any injude	(21. Signature of Funeral Service Licenses 22. Name end Address of Fecility ohn	M. Tay	lor Fune	ral Home, Inc.
	40260		Mala 1. July 147 Duke of Glouces			is, MD21401
в			23a. Pert1. Enter the disbese, or complications that caused the death. Do not enter the mode of dying, such es cerdiac shock, or haart failure. List only one dausa on each line.	or respiretory er	rest,	Approximete Intervel Between
	Physician		ı			Onsat and Death
1	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth) e. a cute on chronic renal for four four four four four four four	lune		2 days 3+ days
		ایا	Dua to (or es e consequence of):			-
	be it	Examiner	b. pneumonia			3+ days
٠.	and and I-tran	хап	Sequentielly list conditions, if any leading to Immediate			
60,	ete be executed hysician and the burial-transit	<u>=</u>	Sequentielly list conditions, if eny, leeding to Immadiete cause. Enter Underlying Ceuse (Diseese or injury thet initieted evants resulting in death) Lest Due to (or es e consequenca of): C. Winary fract infection Due to (or es e consequenca of):	ì		3+ days
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Box	ath c	ian				
P.O.	the de	ysic	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did to	obacco use cont	ributa to the cause of death?
	d by		Diabetes Mellitus	1 🗆 1	es 2□ No	3 □ Probably 4 ☑ Unknown
Vital Records,	v requires that the de been signed by the should be detached	b	hypertensin			
0	neen Poulc	Completed	hypertension	24e. Wes e	med?	24b. Were eutopsy findings eveileble prior to
ec	hes b	npidu	The state of the s			completion of ceuse of death?
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/ite	Physician: The rthis certificate rail director, pag	Be	25. Was cese refarred to medicel exeminar? 26. Place of Deel	th (Check only or	na)	
of	his his	2		ome 5 Resid	ence 6 Other	(Specify)
n	Affart funera	Certification:	27. Menner of Deeth 28e. Dete of Injury 28b. Time of Section of Injury 28c. Injury et Section of Injury 28c. Injury et Section of Injury 28c. Injury et Section of Injury 38c. Injury et Section of I	26d. Describe h	ow Injury occurre	d
Division	Attending or death.	cati	2 ☐ Accident Investigation M 1 ☐ Yes 2 ☐ No			
<u>\S</u>	or Attendi efter death Director: A d in by the f	E	3 ☐ Suicide 4 ☐ Homlclda 6 ☐ Could not be determined 28e. Plece of Injury - At homa, ferm, street, fectory, office building, etc. (Specify)	28f. Location (S City or Town		r or Rural Route Number,
Ω	ital or rail of lear of lear in lear i					
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	To the Hospital or A within 24 hours efter To the Funeral Dire completely filled in b	Med	ena menner stetea.			
	0 × 1 0 0	-	29b. Signature and talle of certifier 29c. License number			(Month, Dey, Year)
			This KES-00	0 (scropes	-20,1996
			30. Name end addrass of person who complated cause of deeth (Item 23e) (Type, Print)		. /	
			Patricia Chang, MD, Johns Hopkins Hospi	tal, Ba	Itimore.	MD 21205
	Sta		30. Name and address of person who completed cades of death (Item 23a) (Type, Print) Patricia Chang, MD, Johns Hoylcins Hochi 31. Data filed (Month, Day, Year) OCT 2 4 1996 Julia Davidson—Rondelle			
	Registr	ar	001 & 4 1330 Junior March			

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	Baltimore, Maryland 21215-0020	artmontary ortan	/	21, Signature of Funera
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		To the Hospital or Attending Physicien: The lew requires the within 24 hours effectors after this certificate hes been signed. To the Funeral Director: After this certificate hes been signed completally filled in by the funerel director, page 2 should be de	Me	29b. Signeture end title
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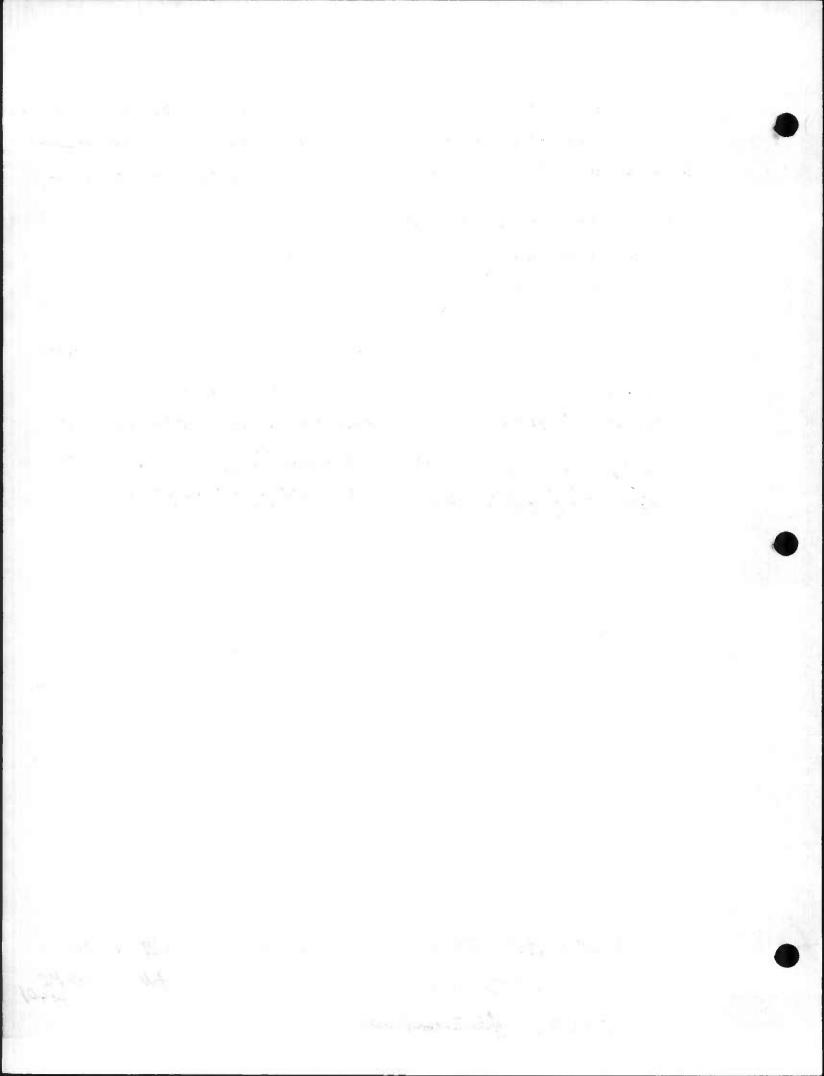
			Certificate	e of Death	Re	eg. No.	04101		
	1. Decedent's Name (First, Middle, Last)				2. Dete of Deet Month	h	3. Time of Death		
n I	Gregory Alb	ert Wilder				22 1996	7:30PM		
r	4e. Fecility Neme (If not institution, give s	itreet end number)	М	4b. City, Town, or	Location of Deeth	4c. County of Deet	h		
	Anne Arundel Medi	cal Center		Annapo:		Anne Ar	undel		
	5. Sociel Security Number 6. Sex 220-16-8847 Usuel Residence of Decedent	7. Age (In yrs. I	Vrs. If Under Months	1 Year If Under 24 Hrs Deys Hours Min		9. Birti Co 1918 Vî	hpiece (Stete or Foreign untry) rginia		
5	10a. Stete 10b. County		y, Town or Location				10d. Inside City Limits 1 ☐ Yes 2 🖺 No		
000	MD Anne Arun 10e. Street end Number	ıdel	Crownsy		4/	Og. Citizen of Whet Co			
5			Tor. Zip	21032		United			
9	1329 Generals High	1Way I2. Was Decedent Ever In U.	S 13 Wes Decede		Specify Yes or No-	14. Rece - Ame	7		
חא בת	1 □ Never Merried 2 ◯X Marrled 3 □ Widowed 4 □ Divorced	Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:	If Yes, speci 1 ☐ Yes 2	ent of Hispenic Origin? (ify Cuben, Mexican, Puer ∰No Specify:	to Rican, etc.)	Bleck, White			
piered	15. Decedent's Educ	cation	16e. Decedent's Usuel	Occupetion k done during most of wo	netin a	16b. Kind of Business/	Industry		
2	Eiementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use	e retired)	ткиц				
5	8		Heavy Equip	pment Opera		Road Const	ruction		
0	17. Fether's Neme (First, Middle, Last)				me (First, Middle, N				
2	Jess Wilder					izabeth We			
	19e. Informent's Neme/Relationship (Typ	e, Print)	19b. Malling Address	(Street end Number or R	lural Route Number,	City or Town, Stete, 2	(ip Code)		
	Frank Edward Wilde 20e. Method of Disposition 10 Burial 2 Cremetion 3 Re	20b. P	ieca of Dispositi <i>on (Nam</i> emetery, cremetory or ot	her place)	Dete 2	20c. Location - City or	Town, Stete		
	Donation 5 ☐ Other (Specify)	A Hil	llcrest Memo			1			
(21. Signature of Funeral Service Liebnse 238. Part I. Enter the disease, or complic shock, or heart feilure. List only one	tusta	147 Dul	ke of Glouc	ester St.	Annapolis	1 Home, Inc., Maryland Approximete 21401 Intervel Between Onset end Deeth		
	Immediate Cause (Final disease or condition resulting In deeth)	Cardiopu	reseconsequence of):	Arrest			Sminutes 2 months		
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3	Sequentially list conditions,		r es e consequence of):				* * * * * * * * * * * * * * * * * * * *		
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	thet initieted events resulting In death) Lest	Due to (or	es e consequence of):						
	d.	Subdur	al ftenset	oma (sub	aculi)	1	Imarth		
	Pert ff. Other significant conditions cont				1.5		to the cause of death?		
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3	Premm	structive 1			24e. Wes ar perform	ned?	Were eutopsy findings evailable prior to completion of cause of deeth?		
					1□ Ye	s 2 Tro	I□Yes 200		
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	exeminer?	ospitel: 1 Inpatient 2	ER/Outpetient 3 DO/	Other		nce 6 ☐Other (Spec	city)		
	27. Menner of Deeth 1 Danaturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of injury M	c. Injury et Work? 1 Yes 2 No	28d. Describe ho				
	3 Suicide 6 Could not be determined	28e. Plece of Injury - At ho building, etc. (Specify	me, ferm, street, fectory,	office	28f. Location (Str. City or Town	Location (Street and Number or Rural Route Number, City or Town, Stete)			
	29e. Certifier (Check only one) 1 Certifying Physic 2 Medical Examine	fcian: To the best of my know er: On the basis of exemineti end menner stated.	viedge, deeth occurred e ion end/or investigetion,	t the time, dete end pleci in my opinion, deeth occi	e, end due to the ca urred et the time, de	use(s) end menner es ate end place, and due	steted. to the cause(s)		
	29b. Signeture end little of certifier	,		License number		d. Dete signed (Monti			
	I feelt,	MO	()32654	(October 2.	2) 1996		
	30. Name and address of person who con	MD npleted cause of deeth (Item Sestem For	23e) (Type, Print) / S	rold Mc	e Highw	012			

State

OCT 2 4 1996

State of Maryland / Department of Health and Mental Hygiene Q C 21, 15 Q

					Cei	rtificate of	Death		Reg. No.	0 041) ()
	Dharata		Decedent's Name (First, Middle, Last)					2. Dete of De		3. Time of	Death
	Physici /Medi		James Laban Wra	ı y				0 c t o b	er 21,	1996 6:0	5p.m
	Examir		4e. Facility Neme (If not institution, give str	eet end number)			4b. City, Town, or				5 5 6 111
			Anne Arundel Med	dical Cente	r		Annapo	lis	I I	nne Arun	del
	Funeral Director		423-24-2400	7. Age (In yrs. le		If Under 1 Year Months Days			rth ay, Year) , 1923	9. Birthplace (State or Country) Arkansa	
ryland		,	Usual Residence of Decedent 10a. State 10b. County	10c. City	, Town or Lo	cation				10d. Inside Cit	
	Ne W	Sch	MD Anne Art	indel Anna	poli	S				1 🗆 Yes	21X No
	or 2	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhat Country?	
	eth v	rai	678 Greenbriar I	ane at Wra	y Ct.		21401		USA		
	item meri	Funeral	11. Maritel Stetus 12	Was Decedent Ever in U.S Armed Forces?	13.	Was Decedent of I f Yes, specify Cub	Hispanic Origin? (en, Mexican, Pue	Specify Yes or Norto Ricen, etc.)	D- 14. Reci	e - Americen Indian, k, White, etc.	
Baltimore, Maryland 21215-0020	d within 72 hours after deeth with the Maryland jene. r than "natural", or items 23a or 28e-f show the Medical Exerciser must be notified at	þ	1 Never Married 2X Merried 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Year or Dates: WW II		1 □ Yes 2 □XNo			Specify		te
5	n 72	Completed	15. Decedent's Educat (Specify only highest grade of	ion ompleted)	16e. Deced	lent's Usual Occup kind of work done DO NOT use retire	pation during most of we	orking	16b. Kind of Bu	siness/Industry	
12	within then the Mac	E C	Elementary/Secondery (0-12)	College (1-4or 5+)	IITO. I	Judge	a)		State	of Maryl	and
9	al Hygiene. other than		17. Fether's Name (First, Middle, Last)	5+			18. Mother's Na	ema (First Middle	, Maiden Sumam		and
an	should be find Mental Financed of	To Be	E.K. Wray				13 555555	Coven		-,	
37	2 should be n and Mental Is marked raumatic ev	1	19a. Informant's Neme/Relationship (Type	. Print)	19b. Maliir	ng Address (Street	and Number or F	Ture! Boute Num!	er City or Town	Stete. Zin Code)	
×	nd 2 lith a 27 ls		Charlotte Wray/	· ·	678	Greenb	riar Lñ	t Wray	Ct.	MD 21401	
e,	permit. Peges 1 and 2 should be filed Department of Health and Mental Hys Important: If item 27 is marked other any injury or other traumatic event, once.		20a. Method of Disposition		ace of Dispo	sition (Name of natory or other pla		Date		City or Town, State	
E	Pege mt: If my or		1 ③Burial 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	nover from State		est Mem		ct 25	Annap	olis, MD	
60	Department moortant: any injury		21. Signature of Eutheral Service Licensee			. Name end Addre		1996			
œ	88 2 2 8	19	Same EV	to amo	I	Barranc	o and S	ons Fu	neral H	ome	1146
	1414		Part1. Enter the disease, or complete shock, or heart failure. List only one	horis that caused the deeth.	Do not ent	er the mode of dyl	chie HW ng, such as cerdia	y Se	verna P irrest,	Approximate	1140
	Physician /Medical Examiner	Ž	Immediate Cause (Final disease or condition resulting in death) e	MYOCKET	92 I	NPAR			Pm /	Onset and D	eath
		Jer.		Due to (or	as a conseq	uence of):			110	V	
	be executed loian and burial-transit	Examiner	Sequentially list conditions	Due to (or	es e conseq	uence of):		-	100	, U	_
oʻ	an and		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	200.00		201100 017		- 1	an."	(1)	
68760,	8 2 2	edical	Cause (Diseese or injury that initiated events resulting in death) Last	Due to (or	es a conseq	uence of):		QV.	000	`	
9 X	는 등을	2			A 1	1601°					
Box	attandi for usk	Physician/	- 0					V	buton		
P.0.	the a	ysic	Part II. Other significant conditions contrib	outing to death but not result	ting in the ur	nderlying ceuse gi	ven in Pert i.	23b. Did	tobacco uss cor	tribute to the cause of	f death?
٣.	res that tha dei signed by the a i be detached if								Yss 2 No	3 Probably 4 □ U	Inknown
Division of Vital Records,	The law requires that the destinate has been signed by the attentionage 2 should be detached for the	Completed by	(A) +	NEMOTA	10m	300			an autopsy ormed?	24b. Were autopsy fir available prior to completion of ce)
Be	has be 2	du	TURI PE	KEOKN & S	1 11	1 2-1-	4.50	,		of death?	/
œ				KINN SS	NF	y OF I	SATV		Yes 2 No	1 Pres 2	¶o
>	Senti	o Be	25. Was cese referred to medical examiner? 1 ☐ Yes 2 ☐ 1√10 Hos	pital: 1 npatient 2 E	20.4	t 3 DOA Ott	nor:	ath (Check only		(0)	
ō	Phys rrthis eral di	7: To			28b. Time of	28c. Inju	4 Li Nuising	-	dence 6 Other	- The state of the	
0	Attending Physician: It death. setor: After this certific: by the funeral director.	atio	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)	Injury		rk? Yes 2.☑No				
Divis	l or Attending aftar death. Director: Aftar I in by the fune	Certification:	3 Suicide 6 Could not be	28e. Place of Injury - At horn building, etc. (Specify)	ne, farm, stre	eet, fectory, office			Street and Numb wn, Stete)	er or Rural Route Numb) <i>01</i> ,
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completaly filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying Physici 2 Medical Examiner	an: To the best of my know : On the basis of examination	ledge, deeth on and/or inv	occurred at the tirestigation, in my o	me, dete end plec pinion, death occ	e, and due to the urred at the time,	cause(s) end me date end place, a	nner es steted. and due to the ceuse(s)	
	of the complete of the complet	Me	29b. Signature and title of certifier	2		29c. Licens	se number		29d. Date signed	i (Month, Day, Year)	
	->-0		Varel UN	Wanton	n	0	3/991	/	_		
	į		30. Name and address of person who comp	leted cause of death (Item 2	23a) (Type. I	Print)	1111		0 04	7 , 1	
			DAUM W MCDEX	MOW MX	1 6	21 PUDGE	LY AVE	- a 20	3 toN.	21,96 NAPONS N	, שו
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's Signatu		-				21	401
	Registr	ar	OCT 2 4 1996	Julia Davida	- Fan	Legas					
DHM	RH 16 Rsv 6/95	5	901 H 4 1930	0							

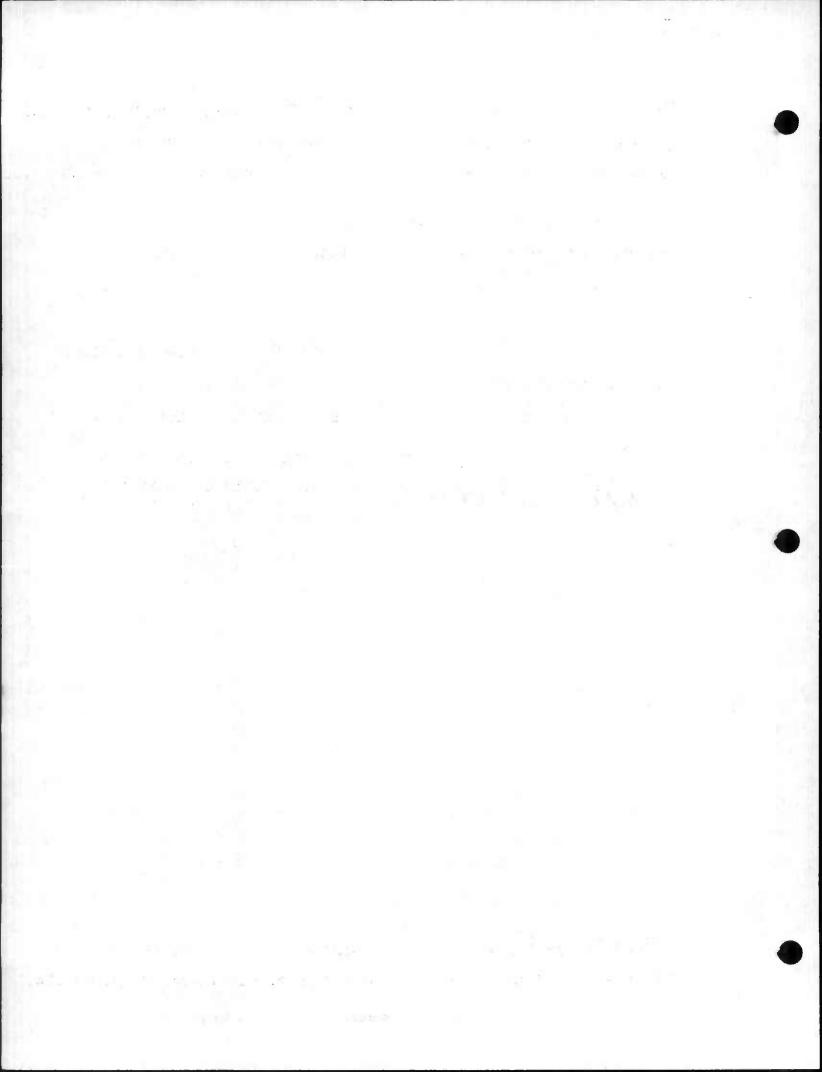


96-6220-035

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Physician / Medical Examiner from 23s or 28s-f show other than "neutral" or items 23s or 28s-f show other than "neutral Director 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Juel Residence of Decedent IDE. State IDE. State IDE. Street end Number ID	JOSEPH street end number) OINT ROAD ANNE TO ANNE ST POINT ROAD 10c. City ST POINT ROAD 12. Was Decedent Ever in U, Armed Forces? 1 Ves, Give Year or Detes:	A sest birthday) Yrs. If Under Months Yrs. If Under Months Yrs. If Under Months Yrs. It Under Months Yrs. It Under Months It Under M	STEVEN 1 Year If Under 24 H Deys Hours Mi E Code 1666 ant of Hispenic Origin? fy Cuban, Mexicen, Pue	SVILLE S. B. Date of Bin. SEPT. (Specify Yes or North Ricen, etc.)	Day BER 30, th 4c. County QUEE rth ey, Year) 10g. Citizen of USA 14. Rac	y of Deeth N AN 9. Birthy Court WA: Whet Court Whet Court White, K, White,	JNES plece (State or Foreign intry) SHINGTON 10d. Inside City Limits 1 Yes 2 No intry?	
Wedical Examiner of tems 23e or 28e-fehow other than "neutral" or tems 23e or 28e-fehow other than "neutral Director 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de. Fecility Neme (If not institution, give) L217 OLD LOVE P. 6. Social Security Number 6. Se 212-64-0906 Usual Residence of Decedent 10e. State 10b. County MD QUEEN A 10e. Street end Number 1217 OLD LOVE F 11. Maritel Stetus 1 Never Married Married 3 Widowed 4 Divorced 15. Decedent's Edu (Specify only highest grade Elementery/Secondary (0-12) 12 7. Fether's Neme (First, Middle, Last) HARLAN LEE W	Street end number) OINT ROAD 7. Age (In yrs.) 45 ANNE ST POINT ROAD 10c. City ANNE ST POINT ROAD 12. Was Decedent Ever in U, Armed Forces? 1 Yes, Give Year or Detes: cetion e completed)	A sest birthday) Yrs. If Under Months Yrs. If Under Months Yrs. If Under Months Yrs. It Under Months Yrs. It Under Months It Under M	4b. City, Town, of STEVEN STEVEN 1 Year If Under 24 H Deys Hours Mi AE Code 1666 ant of Hispenic Origin? fy Cuban, Mexicen, Pue X No Specify:	SVILLE S. B. Date of Bin. SEPT. (Specify Yes or North Ricen, etc.)	BER 30, 4c. County QUEE rth ey, Year) 15, 195	y of Deeth N AN 9. Birthy Court WA: Whet Court Whet Court White, K, White,	INES plece (State or Foreign ntry) SHINGTON 10d. Inside City Limits 1 Yes 2 No ntry?	
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200 0 0	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of):								
for use as	d	J							
should be deteched for use should be deteched for use letted by Physician/N	ert II. Other significant conditione con	tributing to death but not resu	lting in the underlying ce		Did tobacco usa contribute to the cause of deat 1 Yes 2 No 3 Probably 4 Unknown				
page 2 should b					Hor	en eutopsy ormed?	co	ere eutopsy findings eileble prior to mpletion of cause deeth?	
rector, page 2 Be Comp	5. Was cese referred to medical	2 10 - 1				Yes 2□No	1 5	Yes 2□ No	
:= 0	exeminer?	ospital:	ER/Outpatient 3□ DOA	Other	28. Plece of Deeth (Check only one) er: 4□ Nursing Home 5 🌣 Residence 6 □Other (Specify)				
	7. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Dev Year)		c. Injury et Work? 1 Yes 2 No	28d. Describe	how Injury occur	red		
al Director: After ed in by the funer ed in by the funer Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At hor building, etc. (Specify,	28f. Location (City or To	28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1217 OLD LOVE PT PD. QUEEN AMAS M					
M ≡	9e. Certifier (Check only one) 1 Certifying Physical Check only 2 Medical Examin	Ician: To the best of my knowner: On the basis of examinetic end menner steted.	riedge, death occurred et	the time, dete end pled n my opinion, deeth occ	e and due to the	cause(s) and me	nnor se et	totod	
10 th 29	9b. Signature and title of certifier Uoutile h	e Youll.		License number		29d. Dete signe			
30	D. Name end eddress of person who cor TARAN (+A)	mpleted cause of deeth (Item KOYLELL KW)	23e) (Type, Print)	Street,					
State 31 Registrar	I. Dete filed (Month, Day, Year)	32. Registrar's Signetu							



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 2. Dete of Deeth Month Oct 29 3. Time of Death 29 Dey 1996 Wheeler Mae 11:40AM

Physician

1. Decedent's Neme (First, Middle, Lest)

Gussie

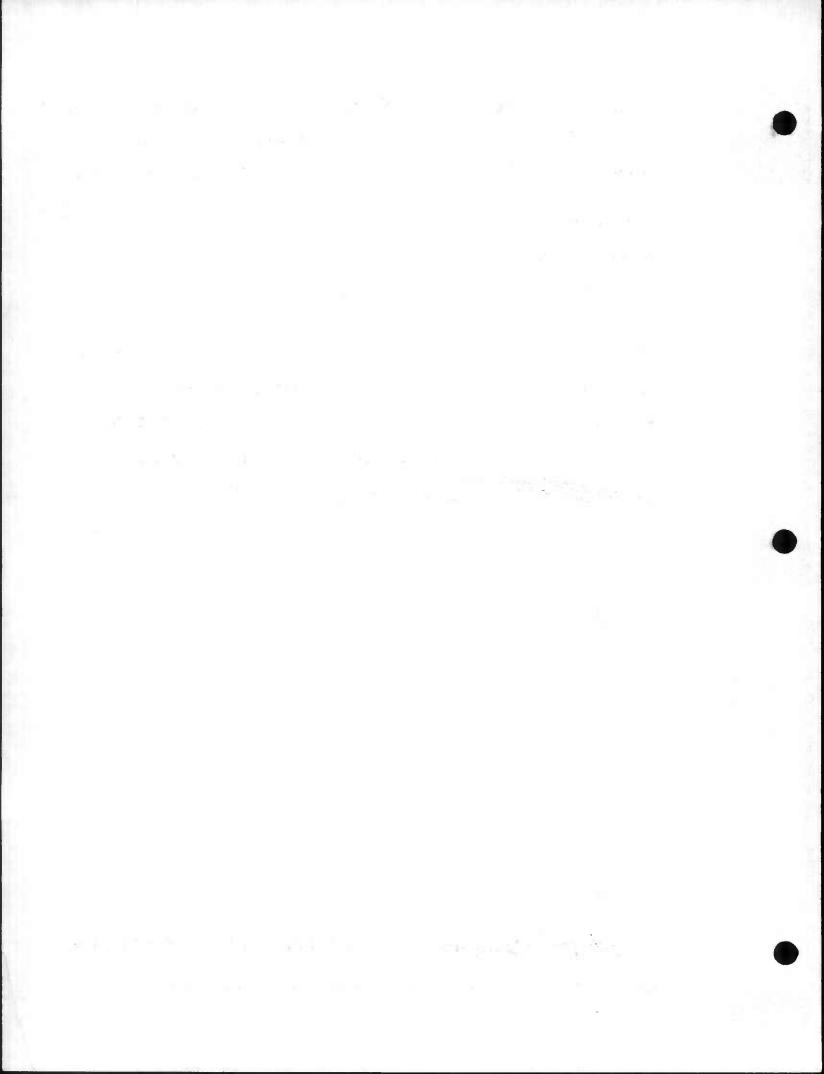
	Examir	ner	4a. Fecility Neme (If not institution, give street and number) Memorial Hospital					4b. City, Town, or Location of Deeth 4c. County of I				y of Dee	th	
			Mellio.	гтат но	spital	L			East	on		Tal	bot	
	Funeral Director		5. Sociel Security Number 218–40–7485	6. Sex 1 ☐ M 2 🔏 F	7. Age (In yr	rs. lest birthday) 53 Yrs.	If Under 1 Y	eys		24 Hrs. Min.	8. Dete of Bir (Month, De Feb. 2	th ey, Year) 5, 1943	9. Bir Co Ma	thplece (Stete or Foreign ountry) ryland
Н			Usual Residenca of Decedent		.1.				1		1001 1	, 1010	110	ryrand
ylang Z1Z1S-UUZU buid be filed within 72 hours after death with the Manyland Mental hygiene. arked other than "netural", or thems 23s or 28s-f show after event, the Medical Examines institute incitited at		tor	10a. Stete 10b. County Maryland Carol	ine		City, Town or Loc idgely	ation							10d. Inside City Limits 1 ☐ Yes 2X No
		9	10e. Street end Number		103	Lugery	10f. Zip Co	de				10g. Citizen of	Whet Co	puntry?
		Funeral Director	23208 Ninetown Road									USA		•
		þ	11. Manitel Stetus 1 □ Never Married 2戊 Marri 3 □ Widowed 4 □ Divorced	Armed F ed 1 ☐ Yes If Yes, G	Decedent Ever In U,S. d Forces? es 2 ⅓ No , Give or Detes: 13. Was Decadent of If Yes, specify Cies 1 □ Yes 2 ⅙ N					ecify Yes or No Rican, etc.)		14. Reca - American Indien, Bleck, White, etc. Specify: Black		
0200-61212	in 72 h	Completed	15. Decedent (Specify only highes	t grede completed		16e. Deced (Give k	ent's Usuel O kind of work a O NOT use r	ccu _l	petion duning most	of work	ing	16b. Kind of B	usiness	Industry
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Ž	should be ind Menta i marked umatic ev	1º	Roland Clark			401 14 190	Della Mae Thom							
Mar	2 8 8 8		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Router of Colors											
Dattimore, n permit. Pages 1 and Department of Health Important: If item 27 any Injury or other to		James Clark 20e. Method of Disposition		20b. Place of Disposition (Neme of cametery, cremetory or other p				own Road, Ridgely			y, Md. 2 20c. Location			
		1 Buriel 2 ☐ Cremetion	3 ☐Removel from							2.55				
		4 ☐ Donation 5 ☐ Other (Sp. 21. Signeture of Funerel Service L				Name end A		-		1/3/90	Hillst	oro	, Ma.	
Ö	Dep Impo		b and the state of								ral Hor	ne		
	- 4	\vdash	The Part Line he disease or	complications that	caused the de	eth. Do not ente	P.O. B	OX	1687	, Ea	ston, N	Maryland	2	1601
ý	Physician /Medical		Part Epler the disease, or about or heert feilure. List of the condition that condition the condition that condit	- 1		ANCER								Approximete fntervel Between Onset end Deeth
	Examiner		resulting in deeth)	e. 001-cz,		(or es e consequ		-	702 11	15 44	43. 43 E	<u>&</u>		-, , , ~ -
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00/00	tificate be ng physici as the bu	Physician/Medical Examiner	thet initiated events resulting in deeth) Lest Due to (or es e consequence of):											
Z O O	ath cer trendir for use	lan/		d										
7.	is that the death certificate be assocuted ned by the attending physician and edetached for use as the burial-transit	>	Pert II. Other significant condition	ns contributing to	deeth but not re	esulting In the un	derlying caus	e gir	ven in Pert f.					to the cause of death?
S D LOSS	iaw requiras t as been signe 2 shouid be	Completed b		.=								en eutopsy ormed?		Were eutopsy findings eveileble prior to completion of cause of deeth?
	siclan: The iaw certificate has b irector, page 2 s	Con									10	Yes No		1 ☐ Yes 2 ☐ No
ומ	clan: entific ector,	Be	25. Wes case referred to medical examiner?							of Deet	h (Check only	one)		
5	hysic his o	2	1 ☐ Yes 2K No	Hospitel:	Unpatient 2	☐ ER/Outpetient				rsing Ho	ome 5 🗆 Resi	idence 6 □Ott	ner (Spe	cify)
	anding Path. x: After the funer	ation:	27. Manner of Deeth 12. Naturel 2. Accident 5. Pending investig	ation	of Injury oth, Dey Year)	28b. Time of injury								
	To the Hospital or Attending Physician: Within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	Certification:	3 Suicide 6 Could n 4 Homicide determi	ned 286. Piec	a of Injury - At ling, etc. (Spec	home, ferm, stre	et, fectory, of	fice	28f. Location (Street end Number or Rurel Route Number, City or Town, State)				urel Route Number,	
	ne Hospi n 24 hou ne Funeri pletely fill	edical	29e. Certifier 1 Certifying (Check only one) 1 Medical E	Physicien: To the k end me	e best of my kr pasis of examination and stetled.	nowledge, deeth netion end/or inve	occurred et the estigetion, in	ne ti	me, dete end opinion, deet	d plece, h occur	end due to the red et the time,	ceuse(s) end m date end pleca,	enner es end due	s steted. to the ceuse(s)
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		1	C-212.361	D 12.		1	600	/		1.0	1	/ -	- 1 -	1 0

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

31. Dete filed (Month, Dey, Year)

Steph P. Carney, M.D., 509 Idlewild Ave, Easton, Maryland 21601

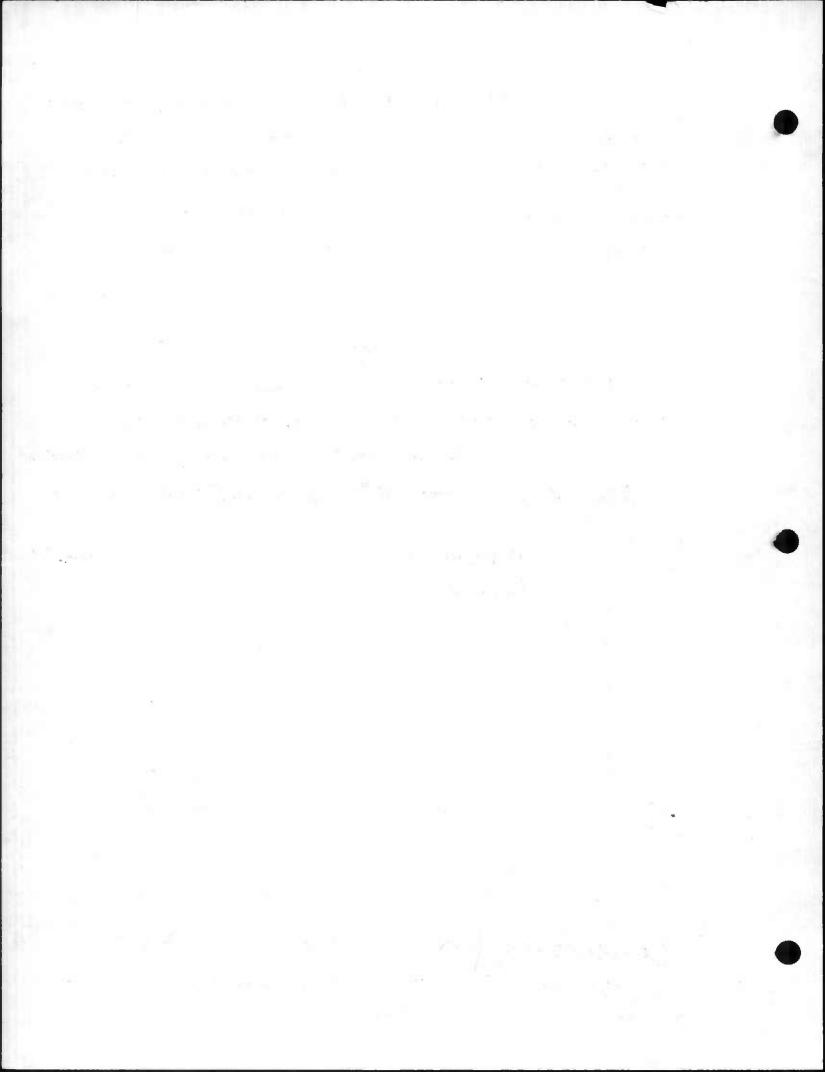
State Registrar



State of Maryland / Department of Health and Mental Hygiene

34161

				Ce	rtificate of	Death	R	eg. No.		0 19 1 6	JI
Physi		Decedent's Name (First, Middle, L.		abril	WILLIAMS		2. Date of Deal Month October	th Day	996°	3. Time of D	
/Med Exam		4a. Facility Name (If not institution, g Frederick Me	ive streat and number)	al		4b. City, Town, or L	ocation of Death	4c. Count	y of Death		
Funera Directo		5. Social Security Number 234–43–6189		iest birthday) Yrs.	If Undar 1 Yaar Months Days 11 3	If Under 24 Hrs.	8. Date of Birth (Month, Pay, Nov. 16		9. Birth	place (Stete or and Into)	Foreign
Maryland -f show fied at	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Frede		ity, Town or Lo	cation	Frederi		,		10d. Inside City 1X Yes 2	
h with the 23a or 28a	al Director	10e. Street and Number 439 Center Str	reet		10f. Zip Code	1701	1	Og. Citizen of U.S.		ntry?	
s 1 and 2 should be filed within 72 hours efter death with the Maryland if Health and Mental Hygiene. The them 23s or 28s-1 show other traumetic event, the Medical Exertiner must be nutited at	by Funeral	11. Marital Status 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evar in N Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Decedent of I f Yes, specify Cub 1 ☐ Yes 2X No	Hispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yas or No- p Rican, etc.)		ck, White,		
d within 72 hours eff jiene. r than "neturel", or	Completed	15. Decedent's I (Specify only highast g		(Give	dent's Usual Occup kind of work done DO NOT use retire Baby	duning most of work	king	16b. Kind of B	usiness/lr	dustry	
d 2 should be filed the end Mental Hygin 7 is marked other traumatic event,	To Be Co	17. Father's Nama (First, Middla, Las	nber William	S		18. Mother's Nam	sten Dol		ma) Keato	on	
1 end 2 sho Health end em 27 is me		19a. informant's Name/Relationship Kristen D. Will:	lams, Mother	439 C	enter St	reet, Fre	derick,	MD 217	01		
permit. Pages 1 end Department of Health Important: If Item 27		20a. Method of Disposition 1 ABurial 2 Cremation 3 4 Donation 5 Other (Spec	Removal from State Res	sthaven		rdens,Oct		Fred		•	lan
Depar impo		21. Signature of Funeral Servica Lica	nsee MOO	703 ²² K	Nama and Address Seeney & O6 East	Basford F Basford F Church St	A. Fune reet, Fr	eral Ho	me k, M	21701	
Physiciar /Medica Examine		23a. Pert1. Enter the disease, or conshock, or heart failure. List only limmediate Cause (Finel disease or condition resulting in death)	a. Asphyxi	ati 8-		ng, such as cardiac	or respiratory arre	est,	Y	Approximate Interval Betwee Onset and De	eath
leath certificate be executed attending physician and for use as the buriel-trensit	an/Medical Examiner	Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	C	or as a conseq	enone".						
0 0 0	Physician	Part II. Other algnificant conditions	contributing to death but not re-	sulting in the u	nderlying cause giv	ven in Part I.	23b. Did to			o the cause of	
requi	Completed by						24a. Was ar perform		av	fere autopsy fine rallable prior to empletion of cau death?	
F # 6	e Com	DE Massacraftered to madical				11 - 17 - 17	1 □ Ye		1[□Yes 2□N	io
	100	25. Was case referred to medical examinar? 1 ✓ Yes 2 ☐ No	Hospital:		Oth	ner.	th (Check only on				
Attanding Physic deeth. ector: After this is by the funeral dis	ation: To	27. Menner of Death 1 Natural 5 Pending 2 Accident investigation	28e. Date of Injury (Month, Dey Yaar)	28b. Time of Injury	28c. Inju	4 U Nursing Ho	ome 5 ☐ Rasida 28d. Describe ho		, ,	у)	
7 £ = C	Certification:	3 ☐ Suicide 6 ☐ Could not I 4 ☐ Homicide determined		ome, farm, stra	aet, factory, offica		28f. Location (St. City or Town	reet end Numl , Steta)	ber or Run	al Route Numbe	97,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	ledical	one) 2 Nedical Exa	nysician: To the best of my kno miner: On the basis of examina and menner stated.	owledge, death ation and/or Inv	occurred at the tir restigation, in my o	me, date and placa, opinion, death occur	and dua to the ca red at the time, de	use(s) and ma ete and place,	anner as s and due to	tated. the cause(s)	
To To	Σ	29b. Signature and title of cartifiar	01		29c. Licens			d. Data signe			
		30. Name and eddress of person who		n 23a) (Type, I	D35:	164		Octobe:	r 21,	1996	
St	ate	Dr. Andrew Zar 31. Date filed (Month, Dey, Yeer) OCT 2 1 19	ick, Jr., M.D. 32. Progristrante Sign	130 T	Thomas Jo	hnson Dri	ive, Fred	derick,	MD_	21702	
Regis		OCT 21 19	90 Jun di Ruch	son Tarka	481						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** ALBERT FRANCIS WIVELL OCTOBER 23, 1996 2:00AM /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 9917 DRY BRIDGE RD., **EMMITSBURG** FREDERICK 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Yeer it Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F Months Devs 74 Director 220-16-3806 APR. 5,1922 EMMITSBURG, MD Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show the Medical Examiner must be notified at MARYLAND 1 ☐ Yes 2 No Director FREDERICK **EMMITSBURG** 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23s or 9917 DRY BRIDGE RD. 21727 U. S. A. deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No It Yes, Give Yeer or Dates; 14. Race - American Indien, Bleck, White, etc. 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) Peges 1 and 2 should be filed within 72 hours after 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE ò 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled with Department of Heelth and Mentel Hyglene Important: if flem 27 is marked other that any injury or other traumatic event, that once. 11 FARMER/CONTRACTOR BLDG. CONTRACTOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be WILLIAM WIVELL ROSE KEEPERS 2 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ELSIE WIVELL 9917 DRY BRIDGE RD., EMMITSBURG, MD. 21727 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) ANTHONY'S SHRINE 10/26/96 EMMITSBURG. MD. 21. Signature of Eunerei Service Licanses 22. Name end Address of Fecility SKILES FUNERAL HOME 210 W. MAIN ST., EMMITSBURG, MD. 21727 Fig. 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart tailure. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finei diseese or condition resulting in deeth) **Examiner** Physician/Medical Examiner The lew requires that the death certificate be executed physician end Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence ot): Box 68760 the Due to (or es e consequenca of): for use es P.O. signed by the e Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 No 3 □ Probably 4 □ Unknown Records, 2 24b. Were eutopsy findings eveilable prior to Be Completed 24e. Wes en eutopsy performed? completion of cause of death? page 2 1 ☐ Yes 2 🕅 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attanding Physician: director, 25. Wes case reterred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this within 24 hours effer deeth.

To the Funeral Director: Affer this completely filled in by the funeral is 27. Menner of Deeth 28e. Dete of injury (Month, Dey Yeer) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, tarm, street, tectory, office building, etc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the ceuse(s) end menner steted. edical (Check only one) the 29b. Signeture and fitte of 29c. License number 29d. Dete signed (Month, Day, Year) OCTOBER 23, 1996

310 S. SETON AVE., EMMITSBURG, MD. 21727

State

Registrar

30. Neme end eddress of person who completed cause ot deeth (item 23a) (Type, Print)

32. Projetrer's Signature

ALAN CARROLL, M.D.,

25

31. Dete filed (Month, Dey, Year)

State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 29, 1996 Mary Elizabeth Weaver October 1:00 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1041 Hoffmaster Road Knoxville Washington If Under 24 Hrs. Hours Min. Min. (Month, Dey, Year)

May 30, 191 5. Social Security Number If Under 1 Year 9. Birthplace (Stete or Foreign Country) Virginia 7. Age (In yrs. last birthday) 6 Sax **Funeral** 1 □ M 2 M F Months Days Yrs. 79 Director 213-24-9039 Usual Residence of Decedent death with the Meryland 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limita 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Wedical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Washington Knoxville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1041 Hoffmaster Road 21758 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Reca - American Indian, permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Introcrant: if them 27 is marked other than "natural," or item any injury or other traumatic event, the Medical soluce. 1 Never Merried 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify: 2 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) John Issac Coleman Laura Catherine Gaston 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Earla L. Sisk - Daughter 1035 Hoffmaster Road - Knoxville, MD 21758 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 X Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Samples Manor Cemetery 11/2 Sharpsburg, Maryland 22. Name and Address of Fecility Eackles-Spencer Funeral Home 21. Signeture of Funerel Service Licensee Harpers Ferry, WV 25425 Harpers Ferry, WV 25425

23a. Plint. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician MYOCARDIAL INFARCTION

Due to (or es e consequence of): /Medical Immediate Ceuse (Finel minutes disease or condition resulting in deeth) Examiner Examiner attending physician end for use es the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detect 1 Yee 2 No 3 Probably 4 Unknown HXVERTONS (OF à 24b. Were autopsy findings avelleble prior to Completed 24e. Wes an autopsy performed? completion of cause of death? this certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certified completely filled in by the funeral director; to 25. Wes case referred to medical Be 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28h Time of 28c. Injury et Work? 5 Pending investigation 1 X Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edical 1 🖔 certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) end manner es steted. 29e. Certifie (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier. 29c. License number 29d. Date algned (Month, Pey, Year) 30. Name end edgress of person who completed cause of deeth (Item 23a) (Type, Print) Brancwick - MD KINLAND NINIM 6(0 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State Skudson Ra Registrar

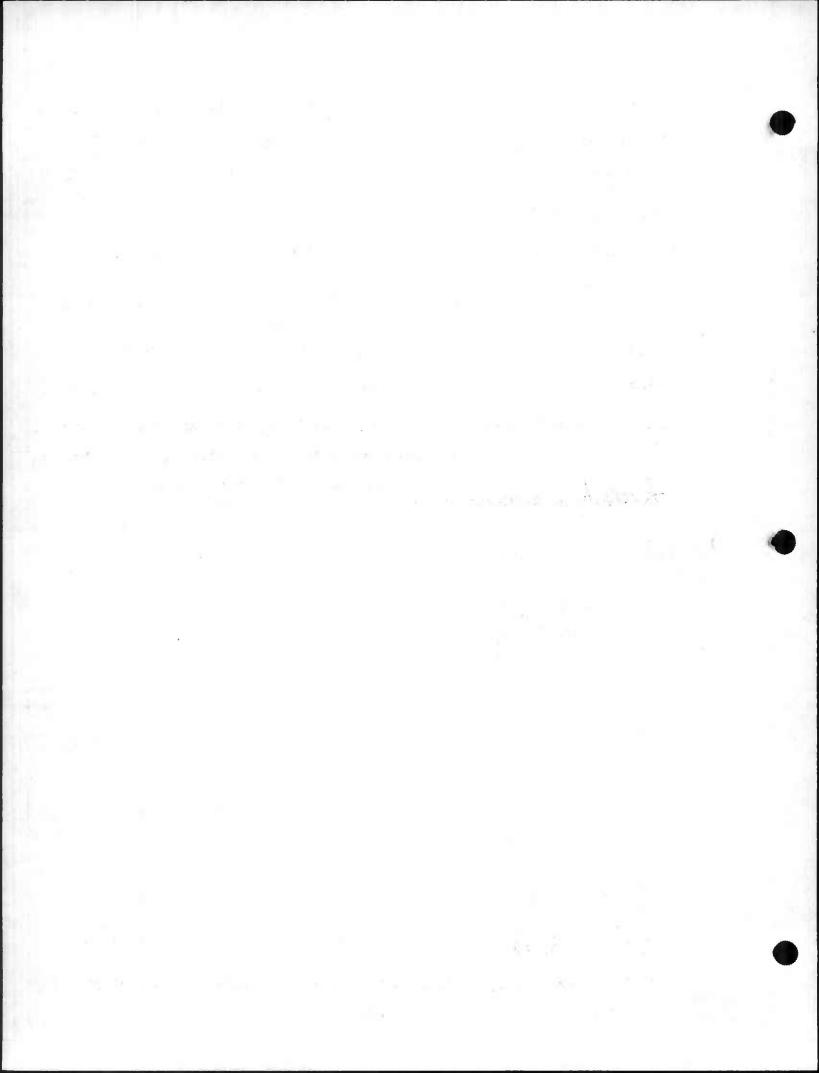
				State of Mar	ryland / [Department of Certificate of			giene 9	6 34164
	Discrete:		1. Decedent's Name (First, Middle, Last,)				2. Date of De	ath	3. Time of Death
	Physici /Medi			ANNA MA	E WAG	ERMAN		OCTOBE	Day R 27, 19	
	Examiı	ner	4a. Facility Name (If not institution, give	icaliti - carity			4b. City, Town, or L	ocation of Death		of Death
_			ST. CATHERINE'S 5. Sociel Security Number 6. Security Number		NTER (In yrs. last bii	thdev) If Under 1 Yea	EMMITSBUR r if Under 24 Hrs.		FREDE	RICK 9. Birthplece (State or Foreign
	Funeral Director]м 2⊠ ғ	73	Yrs. Months Deys		8. Date of Birt (Month, De JAN.22	, 1923	THURMONT, MD.
	how		10a. State 10b. County	1	Oc. City, Tow	n or Location				10d. Inside City Limits
	Ba-1 s	Director	MARYLAND FREDERIC	K	EMMI	TSBURG				1 Ves 2 □ No
	With th		10e. Street and Number			10f. Zip Code	7		10g. Citizen of V	
	eath 7 23	Funeral	53 FEDERAL AVE.	12. Was Decedent Ev	er in U.S.	2172		ecify Yes or No	U. S.	e - American Indlen,
020	vild be filed within 72 hours after death with the Maryland Mental Hygiana. arked other than "natural", or items 23s or 28s-f show artc event, film Medical Examiner must be notified at	by Fun	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	0, 11 0,0.	If Yes, specify Cul	ben, Mexican, Puerto	Ricen, etc.)		ck, White, etc.
Maryland 21215-0020	nin 72 hours aft n *natural*, or Medical Exam	Completed	15. Decedent's Edu (Specify only highest grade			Decedent's Usual Occu (Give kind of work done life. DO NOT use retin	ipation e during most of work ed)	king	16b. Kind of Bu	usiness/Industry
2	od withir giana. er than	Com	Elementary/Secondary (0-12)	College (1-40f 5+)		INSPECTOR			SHOE F	ACTORY
pu	d oth	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Maiden Sumen	99)
7	should be ind Menta imarked umatic ev	P	JOHN T	. BROWN					WILHIDE	
_	2 2 2	ļ	19a. Informant's Name/Relationship (Ty EMORY G. WAGERMAN		196	. Mailing Address (Stree 53 FEDERAL				
re,	of Haalth Item 27		20a. Method of Disposition		20b. Place o	Disposition (Neme of ry, cremetory or other plant		Dete	_	City or Town, Stete
timore,	Pages nent of I int: If ite		1 ☒ Burial 2 ☐ Cremetion 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	lemoval from State		IAVEN MEMOR		S 10.30	FREDEI	RICK, MD.
B	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funeral Service License	99//-/		22. Name end Addr	and Carille		UNERAL I	1
<u> </u>	205 29		John M. ~	spales		210 W. MA	AIN ST., E			
	Physician		23a. Bury. Enter the disease, or compli- these, or heart failure. List only or	cations that ceused the cause on each line.	e death. Do	not enter the mode of dy	ing, such as cardiac	or respiretory er	rest,	Approximate Interval Between Onset and Death
	/Medical Examiner		immediate Cause (Final disease or condition resulting in death)	Cer	coron	rascular	disea	10		years
		-	resulting in dealin)	Du	ue to (or es a	rascular consequence of):	٧.		_	40
	uted d ansit	Examiner	C t				·			
Box 68760,	death cartificate be axecuted e attending physician and ad for use as the burlat-transit	Physician/Medical Exa	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last	u	ppe	gastus	outes	Henal	hom	what mo
	O W W	sici	Part ii. Other significant conditions con	ributing to death but i	not resulting in	n the underlying ceuse g	iven in Pert I.	23b. Did 1	tobacco use co	ntribute to the cause of death?
Q.	that the led by th datache		Hypoth	gracido	d m			10	Yss 2□ No	3 Probably 4 Unknown
Records,	requir been s should	Completed by	Tonsill	al l	lym	plana		24a. Was perfo	an autopsy med?	24b. Were autopsy findings available prior to completion of cause
	Tha law ita has paga 2 a	отр			0			40.	(a) a[V]	of death?
		Be Co	25. Was cese referred to medicel		-		28. Place of Dea		res 2 🖾 No	1 Yes 2 No
<u> </u>		To B	examiner?	lospital:	2 □ ER/Ou	tpatient 3□ DOA	ther		dence 8 □Oth	er (Specify)
n of	ofing Phy h. Aftar thi funeral		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28e. Date of Injury (Month, Dey Y		Firme of 28c. injury			now injury occur	
Division	ttendi daath. stor: A / tha f	cati	2 Accident investigation 3 Sulcide 6 Could not be	20a Place of Injury	At home fe]Yes 2□No	20f Location (f	Street and Numb	er or Rural Route Number,
2	al or Attending F s after death. Il Director: After i ed in by the funen	Certification:	4 Homicide determined	building, etc. (rm, street, factory, office		City or Tox		er or Harar House Number,
	To the Hospital of within 24 hours at To the Funeral D complataly filled it	edicai (29a. Certifier (Check only one) Check only 2 Medical Examir	ician: To the best of rear: On the basis of exand manner state	camination an	o, death occurred at the t d/or investigation, in my	ime, date and place, opinion, death occur	and due to the ored at the time,	ceuse(s) and ma date and place,	nner as stated. and due to the ceuse(s)
	Withi To th	×	29b. Signature end Mie of certifier	, ,		29c. Licer	ise number		29d. Dete signe	d (Month, Dey, Year)
			15 tha	Spubs	M	D:	22819		OCTOBE	R 28, 1996
			30. Name and address of person who co	repleted ceuse of dear	th (Item 23a)	(Type, Print)	WATER		The s	T and
	Sta	••	31. Dete filed (Month, Dey, Year)	32. Registrar's	Stinature	.0. 52	WAITE	- 5/.	MURI	MONI, MO.

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** Jesse Wilbert WARD October 0 24, 1996 5:45 pm /Medical 4a. Facility Nama (If not institution, giva straet end numbar) 4b. City, Town, or Location of Daath **Examiner** 4c. County of Death 6192 Viewsite Court Frederick Frederick 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthpleca (Stete or Foreign Country) **Funeral** 12XM 2□ F Months Days Hours Yrs. 239-46-9640 Aug 20, 1932 Director 64 North Carolina Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "netural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Maryland Frederick Frederick Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6192 Viewsite Court 21701 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ঐ Yes 2 □ No If Yes, Give Yaar or Dates: Korea 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "ne any Injury or other traumatic event, the Media 2006. rede completed) (Specify only highest g Elementary/Secondary (0-12) College (1-4or 5+) Catering Company Food Service 12 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Cannie Desleslie WARD REEVES Bessie 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mrs. Patricia A. Ward/Wife 6192 Viewsite Court, Frederick, Maryland 21701
of Disposition (Name of Date 20c. Location - City or Town, State 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetary, cremetory or other pieca) 1 Burial 2 □ Crametion 3 □ Removal from State Resthaven Mem Garden Oct 28, 1996 Frederick, Maryland 4 Donation 5 Other (Specify) 21. Signul Funeral Service Licenses 22. Name and Address of Facility Keeney & Basford P.A. Funeral Home m to seven M00706 106 East Church St, Frederick, MD 21701 29a. art1. Enter the disarde, or complications that caused the daath. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilur. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Causa (Final diseese or condition resulting in death) of the Gastro-esophageal junction Examiner Due to (or as a consequence of): Examiner ettending physician and for use es the burial-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of). Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): signed by the et d be deteched fo Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse givan in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of ceuse of death? plnods Completed 24a. Was an autopsy performed' pege 2 s certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case raferred to medicel examinar? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 And Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 ☑ 100 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Dete of Injury (Month, Day Yeer) 27. Manner of Death 28b. Time of Injury 28c. injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 24 hours after death. Funeral Director: A 1 Yes 2 No 2 Accident 3 Suicide 8 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted. Medicai 29e. Certifier To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Dev. Year) D36610 MO October 24, 1996 30. Name and address of person who completed ceuse of death (item 23e) (Type, Print) Edward F. Fisher, M.D., 56 Thomas Johnson Drive, Frederick, Maryland 21702 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Tima of Deeth Month 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Daath Long View Nursing Home Manchester Carroll 5. Social Security Number If Under 1 Yaar if Under 24 Hrs. 6. Sax 7. Age (In yrs. lest birthday) Birthpleca (State or Foreign Country) 8. Data of Birth (Month, Dev. Year) 1□M 2XF Months Deys Yrs. 213 38 7050A 90 Oct. 12,1906 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland Carroll Westminster 1 ☐ Yes 2 ☑ No 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? 2031A Stone Road 21158 U,S.A. 11 Marital Status 12. Was Decedant Ever in U,S. Armad Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Rece - American Indien, Black, Whita, atc. 1 ☐ Yes 2 ②No 1 Naver Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Caucasian If Yes, Give Yeer or Dates: 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11 Homemaker Domestic 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Surname) Thomas Monroe Keefer Annie Charity Fleagle 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Frank W. Wagner 2031 Stone Road, Westminster, MD 21158

20b. Plece of Disposition (Neme of cemetery, crematory or other plece)

20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Mayberry Church of God Cm. 10/30 Westminster, MD 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Skiles Funeral Home 136 East Baltimore St. Taneytown, MD 21787 23e. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, slock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final disaase or condition resulting in death) Due to Dua to (of a Due (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes en autopsy performed?

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Baltimore, Maryland 21215-0020

Examiner Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Physician/Medical

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Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner steted. (Check only

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

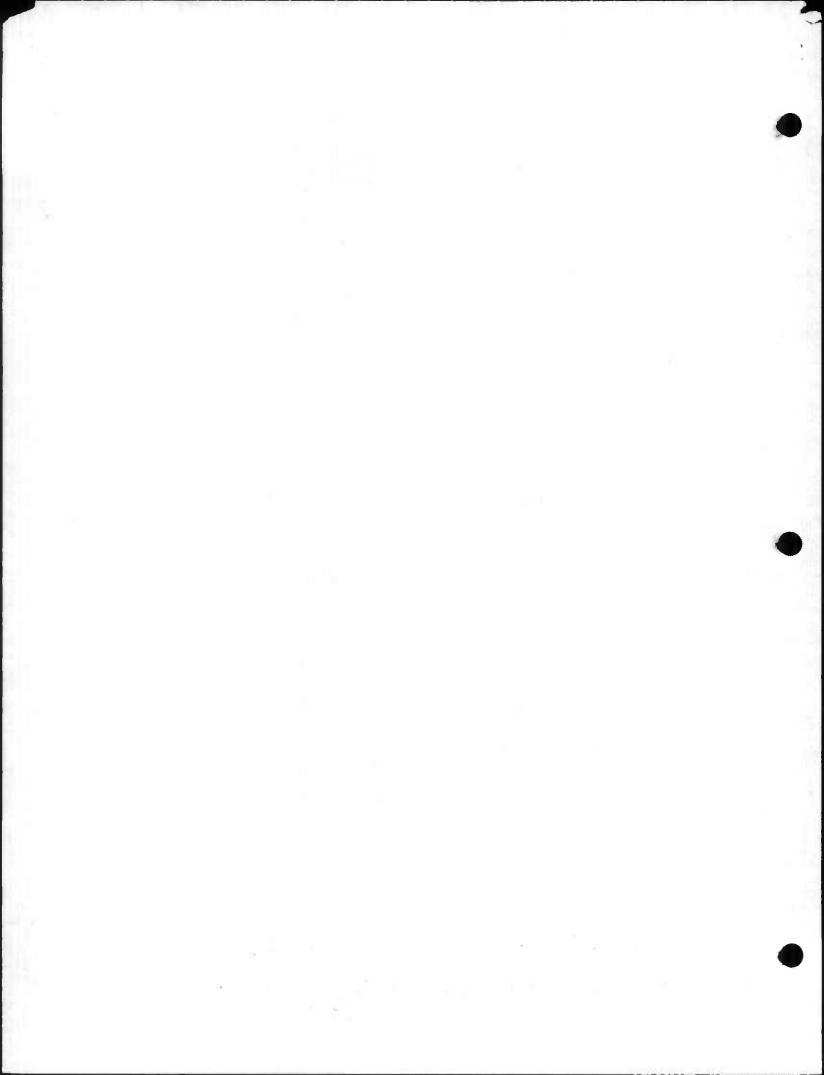
30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

air St MAN chester, Md 21102 OA OCT 2 32. Registrar's Signature 31. Date filed (Month, 2 9 1996

Registrar

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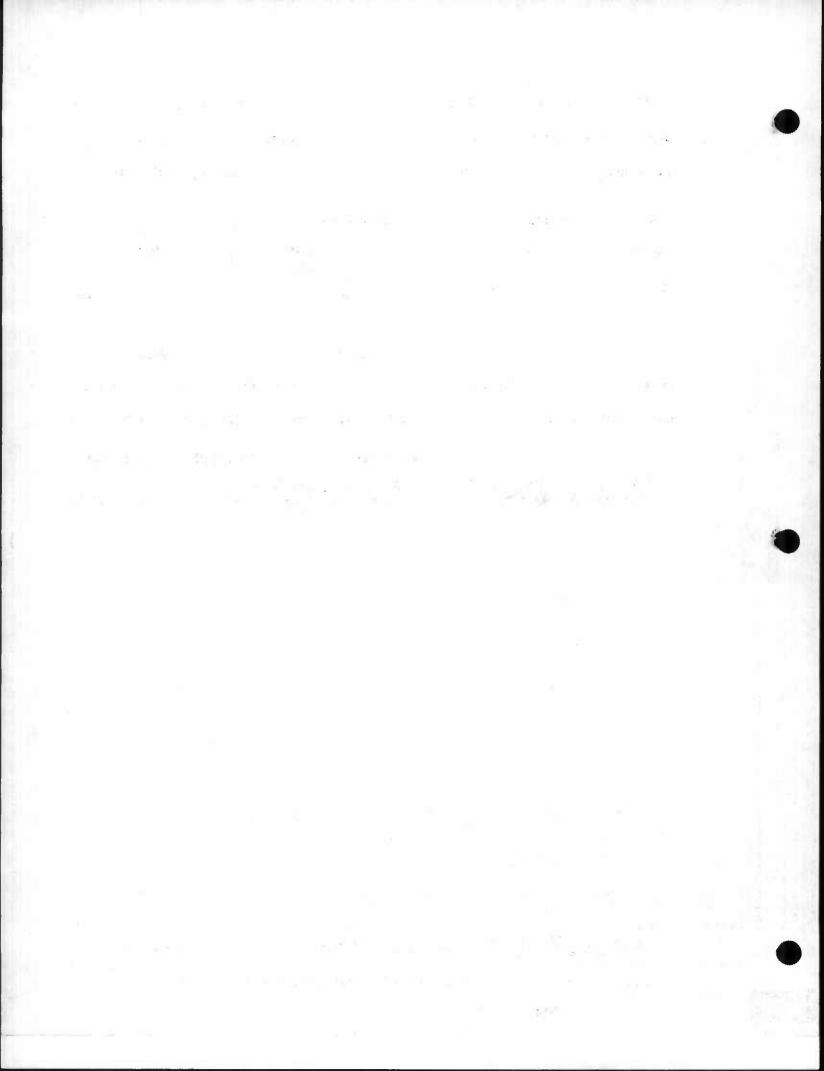
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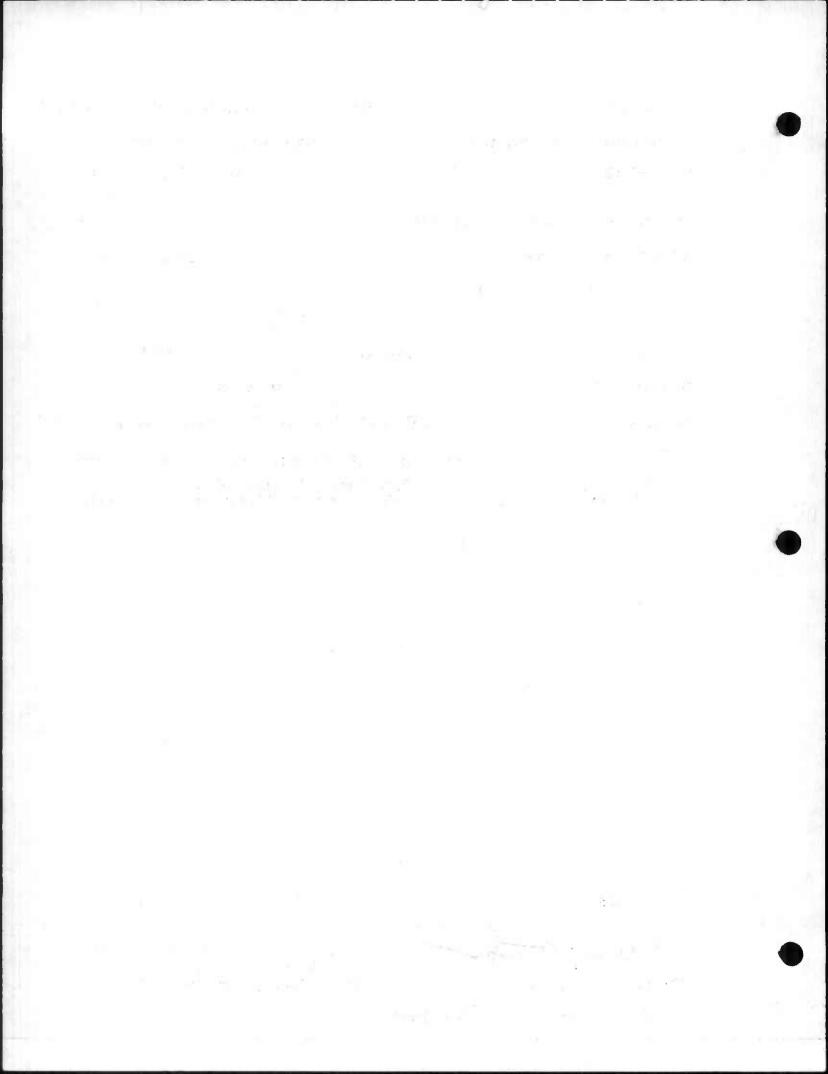
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State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		Anthony				Ward	d			October	27, 1996	Yeer 5	1:15 AM
	Exami		4e. Facility Name (If not institution	n, give street end nun	nber)				4b. City, To	own, or L	ocation of Death		ty of Deeth	
-1			82 West Deer Pa	rk Road.	#201				Gaith	ersh	ura	Monto	omery	,
т	Funerai	г	5. Sociel Security Number		7. Age (In yrs.	last birthday)	If Under 1	Year	if Under	24 Hrs.	R Date of Birt	lh.		
	Director		417-96-7506	6. Sex 1∆ M 2□ F	31	Yrs.	Months	Days	Hours	Min.	May 21	1965	Ala	place (Stete or Foreign htry) Dama
	ס		Usuel Residence of Decedent						-	L	77.03	, 1500	7,114	Dama
	how		10a. State 10b. County		10c. Cit	y, Town or Lo	cation							10d. Inside City Limits
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	vith the Maryla or 28a-f show be notified at	Director	10e. Street end Number				10f. Zip C	ode				10g. Citizen of	Whet Cou	ntry?
	72 hours after death with the Maryland natural', or frams 23a or 28a-f show Scal Examinet must be notified at	O	82 West Deer Pa	rk Road.	#201		2087	77				United	Stat	20
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1	Physician												1	Onset end Deeth
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o,	an al		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Human	Immuno	defici	ancy !	lin	II.C					
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≥	irect in by	E	4 Homicide determ	ined 286. Place	of injury - At ho g, etc. <i>(Specif</i> y	me, farm, stre	et, fectory, o	offica			28f. Location (5 City or Tox		ber or Rure	el Route Number,
	ital or rail Deli													
	To the Hospital or Attendition within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	Check only 2 Medical 1	g Phyeiclan: To the be Examinar: On the bes	pest of my know	viedge, deeth	occurred at	the tin	ne, date an	nd place,	and due to the	ceuse(s) end m	anner as s	tated.
	To the P within 24 To the F complete	2	one)	end mann	er stated.	21104 01 1119								
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			Day und	2	2	_	D	255	53		n	ctober	28.	1996
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			Phuong D. Trin								, Maryla		910	
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State of Maryland / Department of Health and Mental Hygiene 9 6 3 1 7 0

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	/Medi			Yung-Yue	n war	ng				Octobe		996	3:5	O AM
	Exami	ner	4a. Facility Name (If not institution, giva Manor Care-Poton						4b. City, Town, or I Potomac	ocation of Deetl		y of Death ntgome	ry	
	Funeral Director		5. Social Sacurity Number 6. Sa 578-64-4147 Usual Rasidance of Dacadant	7. Age ⊠ M 2□ F	a (In yrs. la 88		y) If Unde Months	r 1 Year Days	If Undar 24 Hrs. Hours Min.	8. Data of Bir (Month, Da Feb. 8	th y, Year) 1908	9. Birthpl Count Chi		ta or Foraign
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	ill the	Director	10a. Straat and Number				10f. Zij	Coda			10g. Citizan of	Whet Count	ry?	
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Maryland 21215-0020	be filed within 72 hours after death with the Marylar tal Hygisoe. d other than "natural", or items 23e or 28ef show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Marriad 3 □ Widowad 4 □ Divorced	12. Was Dacedant E Armed Forcas? 1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas:		5. 13			dispants Origin? (S an, Maxican, Puart Specify:	pecify Yes or No o Rican, atc.)	- 14. Ra Ble Specil	ce - Amarica ck, Whita, e		1,
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ary	2 should by and Menta is marked sumatic en	To	19a. Informant's Name/Relationship (Ty	/pe, Print)		19b. Ma	iling Addras	s (Straat	and Number or Ru	rel Routa Numbi	er. City or Town	. Stata. Zio	Coda)	
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Baltimore,	of Te		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cramation 3 ☐ F	amoual from State	20b. Pla	netery, cr	position (Ne	ma of other ple	ce) Oct. 28	3, Page 6	20c. Location	- City or Tov	vn, State	
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Ď,	rificete be executed ng physician end es the bunel-transit	I Examiner	Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Causa (Disaasa or Injury	С	Dua to (or	as a conse	equance of):							
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DIVISION	he Hospital or Attending Physician: in 24 hours elter death. The Funeral Director: Atter this certific pietely filled in by the funeral director.	Certification:	2 Accidant Invastigation 3 Sulcide 6 Could not be 4 Homicida datermined	28e. Pleca of Injur building, atc.	ry - At hom (Spacify)	na, farm, s				28f. Location (S City or Tox	Streat and Numb n, Stata)	er or Rural	Routa N	um <i>ber,</i>
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			may	rody				D38	781		October	28.	1996	
	12		30. Nama and address of person who co											
	,		Michael J. Grady, 31. Date filed (Month, Dey, Yaar)	M. D. , 49	10 Ma	ssac	husett	s A	venue, N.	W., Was	hington	, DC	200	16
	Sta Registr		OCT 3 1 1006	JE. Hayisilar	Dairida	, X2.	d.00.							

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 28, **Physician** GENEVIEVE V. WILKINSON OCT. 1996 3:10 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 4206 QUEENSBURY RD. HYATTSVILLE PRINCE GEORGES If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) MARCH 24,1918 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country)
 W. VA. **Funeral** Deys Months Hours Yrs. 78 Director 234-24-4067 Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Locetion 10d. Inside City Limits 28a-f show I is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examples must be not fed as Director 1 ¥ Yes 2 □ No PRINCE GEORGES HYATTSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? QUEENSBURY RD. #4 4206 20781 U.S.A. death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Maritel Stetus 14. Race - American Indian. Bleck, White, etc. within 72 hours after ☐ Yes 2 No f Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕱 No Specify: p 3 ₩ Widowed 4 Divorced Yeer or Detes: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 NURSES AID HOSPITAL filed 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) 2 should be fi end Mentel I CHARLES 2 VIANDS **EMMA** DILLOW 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2:1
Department of Health er
Important: If item 27 Is
any injury or other trau JOSEPH H. BRADSHAW/NEPHEW ROSEDALE RD., MARTINSBURG, W.VA. 25401 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 11/1 ROSEDALE CEMETERY MARTINSBURG, W.VA. 21. Signature of Funeral Service 22. Name and Address of Fecility rugue M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one ceuse on each line. Approximete Intervel Between Onset and Death **Physician** /Medicai Immediete Cause (Finel diseese or condition resulting in deeth) PRIMARY HEPATOCELLULAR CARCINOMA 2 YRS. Examiner Due to (or es e consequence of) Physician/Medical Examiner physician and the buriel-transit that the death certificete be executed Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Box 68760 Due to (or es e consequence of) 80 JSB 0 P.O. the Pert !!. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part !. 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by The lew requires 24a. Wes en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of deeth? peen s hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physicien: director. Be 25. Wes case referred to medicel exeminer? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 \$\vec{\text{M}}\$ Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation 1 Neture! death. 1 Yes 2 No 2 Accident ofter death Director: / 6 Could not be 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide within 24 hours off To the Funeral Dis completely filled in Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. edicai 29a. Certifier (Check only one) To the within 2 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D01852 OCT. 29, 1996 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) DEVORE 4203 QUEENSBURY RD., HYATTSVILLE, MD. 20718 PAUL M.D. 31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

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DHMH 16 Rev 6/95

State

Registrar

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AND THE RESIDENCE OF STREET AND ADMINISTRATION OF STREET AND ADMINISTRATION OF STREET

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** Yaar -RANKLIN J. WALSH 1006 05.20Am /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday). Birthplace (Stata or Foraign Country) **Funeral** 1 M 2 F Months Yrs. Director 013-20-2661 November 10, 1920 Massachusetts Usual Rasidence of Deceden with the Merylend 10a. State 10b. County Item 27 is marked other than "natural", or items 23s or 28a-f show other treumetic event, the Medical Exertines must be incitived at 10c. City, Town or Location 10d. Insida City Limits 1 XYes 2 No Director Washington, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1901 Columbia Road, NW #101 20009 daath United States Funeral 12. Was Decedent Evar In U.S. Armed Forces? 1 □ XYes 2 □ No IY Yes, Giva Year or Dates: 1950–1968 Race - American Indian, Black, White, etc. Was Dacadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pagas 1 end 2 should be filed within 72 hours after. Department of Haalth and Mantel Hygiana. Important: If Item 27 is marked other than "natural", or itel any injury or other treumatic event 1X Never Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Spacify only highast grada completed) College (1-4or 5+) 5+ Elementary/Secondary (0-12) Officer 0 U.S. Army 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Be Frank J. Walsh Henrietta L. Day 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Walter H. Deyhle 17703 Swan Theatre Court, Olney, Maryland 20832 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) Chesapeake Crematory 10-25-96 Beltsville, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death Physician /Medical Immadiate Cause (Final disease or condition resulting in death) Examiner Examiner utestrue The lew requires that the death cartificate be executed bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Records, P.O. Box 68760 trued attanding physician trep Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): usa as tha Sis Po ed by tha a datached f Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 ☐ Probably 4 ☐ Unknown 1 ☐ Yes 2 ☐ No Be Completed by 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? peen completion of causa cata has t 2X No Aftar this cartificata 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: Aftar this cartifica completally filled in by the funeral director, I 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Magner of Deeth . Date of Injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicide Certifying Phyalcian: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only

20 State Registrar

31. Date filed (Month, Day, Yaar) OCT 2 8 1996

29b. Signature and titla of Pertifier

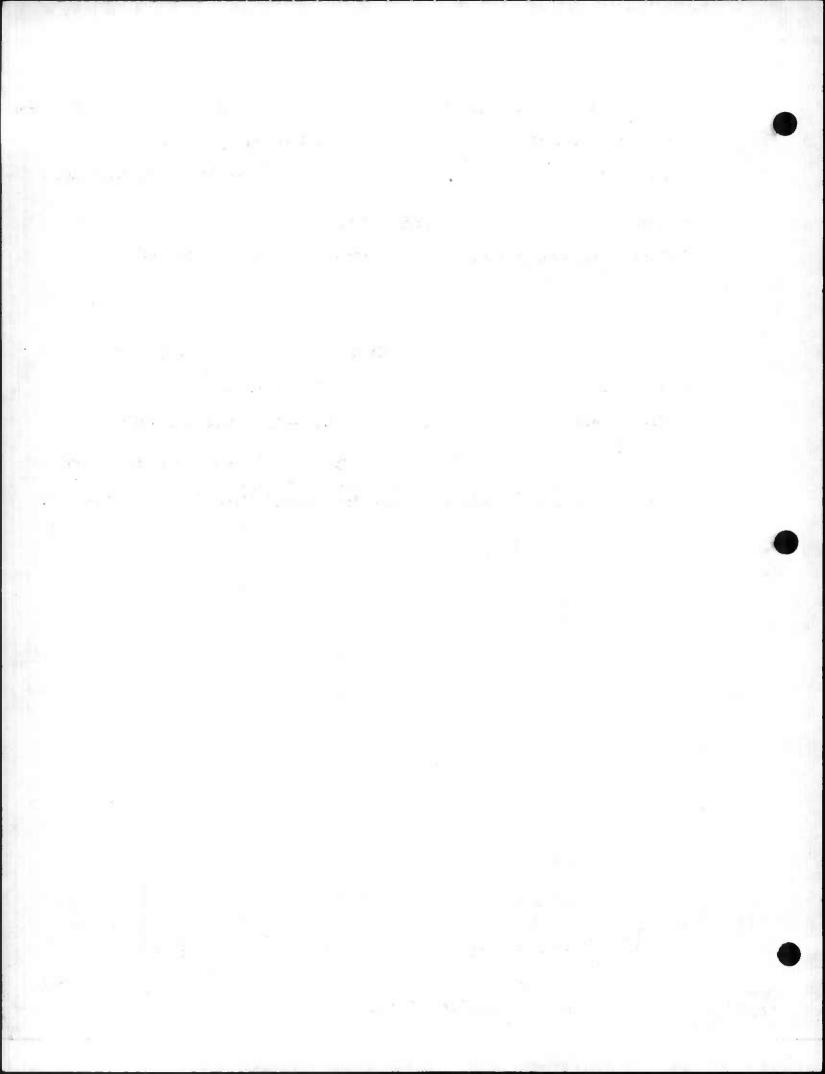
9801 Georgia 32. Jegistrar's Signature

Who I who 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. Licansa number

29d. Date signed (Month, Day, Year)

20902



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Vaar 09:30 AM OCTOBER 25 1996 HERBERT WAGNER 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth 557 SUMMIT HALL ROAD GAITHERSBURG MONTGOMERY If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, SEPT . 27 9. Birthplace (State or Foreign 7. Age (In yrs. lest birthdey) 1₺ M 2□ F Months Deys NEW YORK Yrs. 73 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No MONTGOMERY GAITHERSBURG 10f. Zip Code 10g. Citizen of What Country? 20877 U.S.A. 557 SUMMIT HALL ROAD 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☒ Yes 2 ☐ No If Yes, Give WW II Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) ENGINEER NUCLEAR U.S. GOVERNMENT 5+ 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) WAGNER LENA HARRIS 19a. Informant's Neme/Retetionship (Type, Print) 19b. Meiling Address (Street end Numbar or Rural Route Number, City or Town, State, Zip Code) 557 SUMMIT HALL ROAD GAITHERSBURG, MD AUDREY WAGNER (WIFE) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ₺ Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) PARKLAWN MENORAH GARDENS10/27/96 ROCKVILLE, MARYLAND 21. Signeture of Fucured Servica Licensee 22. Neme end Address of Fecility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE ROCKVILLE, MARYLAND 20852 Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause an each line. Approximete Intervel Between Onset end Deeth cancine Due to (or es a consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Wunknown 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes 28 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 □ Nursing Home 5 → Residence 6 □ Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Yes 2 No investigation 6 Could not be dataminad 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

Records, P.O. Box 68760, Division of Vital

physicien and the buriel-transit The law requires that the death certificate be asscuted à signed b peeu hes page 2 certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica complataly filled in by the funeral director,

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6 death with 23a

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marked other than "natural", or ite

permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event 900.

Physician /Medical

Examiner

 \mathcal{F}_{\cdot} Baltimore, Maryland 21215-0020

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Certification: To

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traumatic event, the Medical Examiner nust be nutified at

the Marylend

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5. Sociel Security Number

128-16-4933 Usuel Rasidance of Decedent

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MORRIS

20e. Method of Disposition

Immediate Cause (Final diseese or condition resulting in death)

Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in daath) Lest

1 Yes 2 No

27. Menner of Deeth

2 Accident

4 - Homicide

(Check only one) 29b. Signature a

3 Suicide

29a. Cartifiar

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10e. Street end Number

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State Registrar 30. Nema and address of pekson who completed causa of daath (Itam 23e) (Type, Print) 下 子つ こず JOSEPH

31. Dete filed (Month, Dey, Year)
OCT 2 9 1996

18111 32. Registrer's Signature

Julia Davidson

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Prince Philip Dr. OLNEY, MD ZOB3Z Mandell.

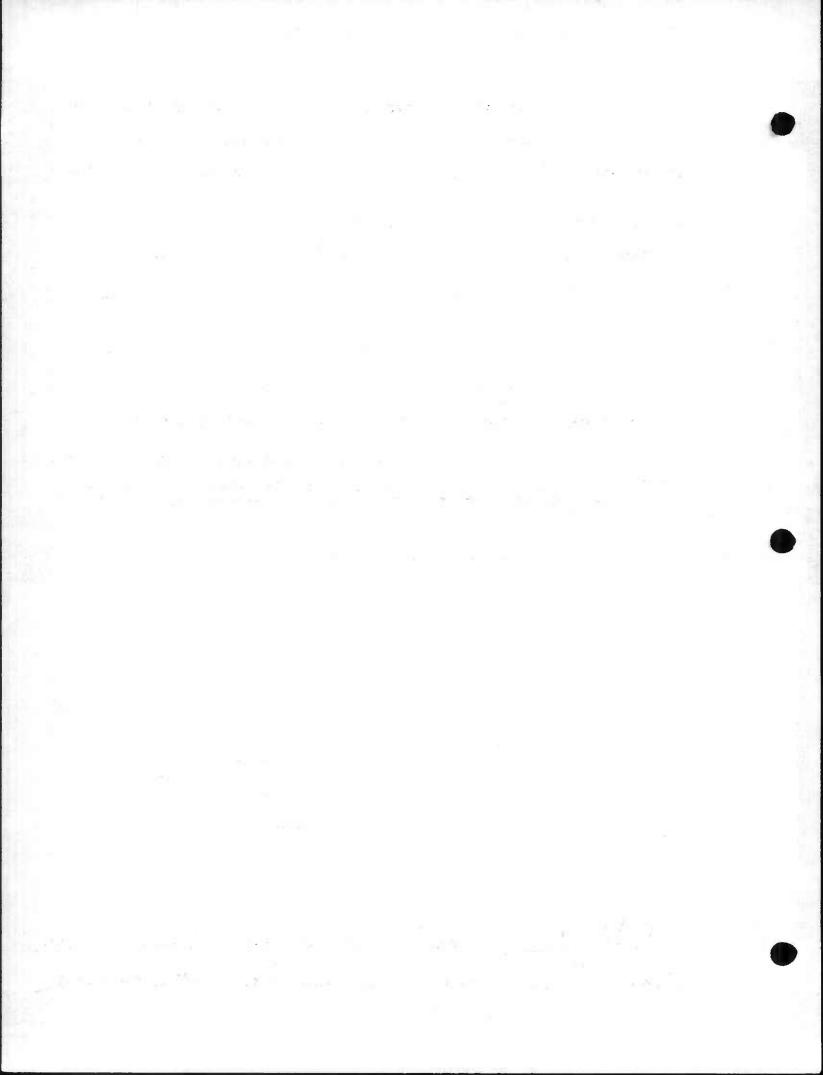
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Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, end due to the ceuse(s) and mannar as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the ceuse(s) end mannar stated.

29c. License number

29d. Dete signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene

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nd 2 ilth ar 27 is r trau		19e. Informent's Name/Reletionship (1 Nancy Deacon (Da							or Rurel Route Num Bowie, Mai				ode)	
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,		* admoner	non us			R	ES -	00	9	Octo	ber	28.	1996	

BACTIMORE ND 21287

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Towcr 110 (200 N·W0) R SHREY

32. Registrer's Signeture

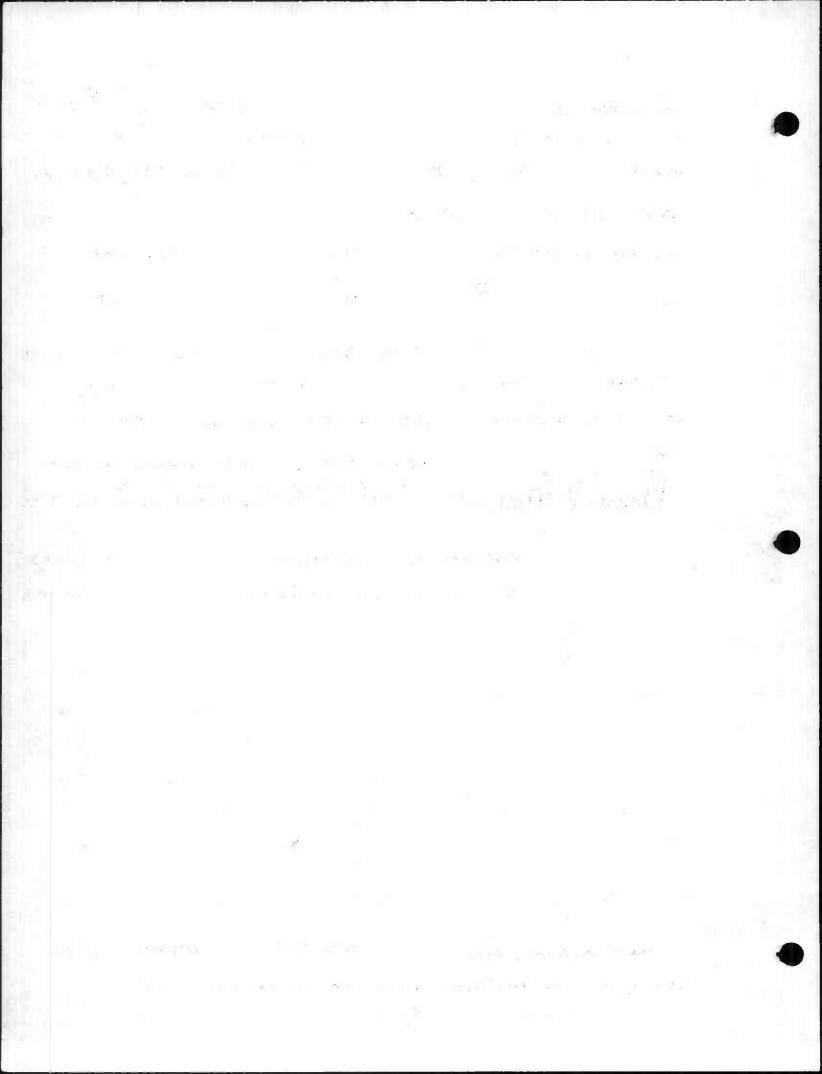
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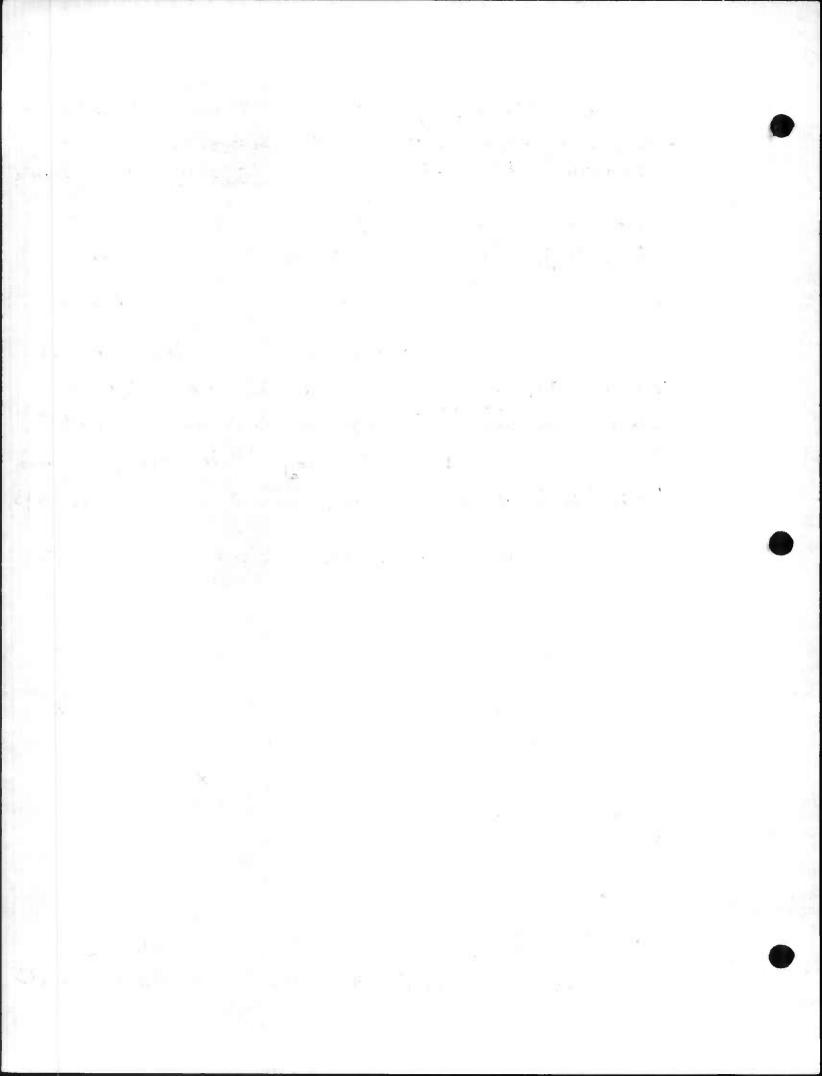
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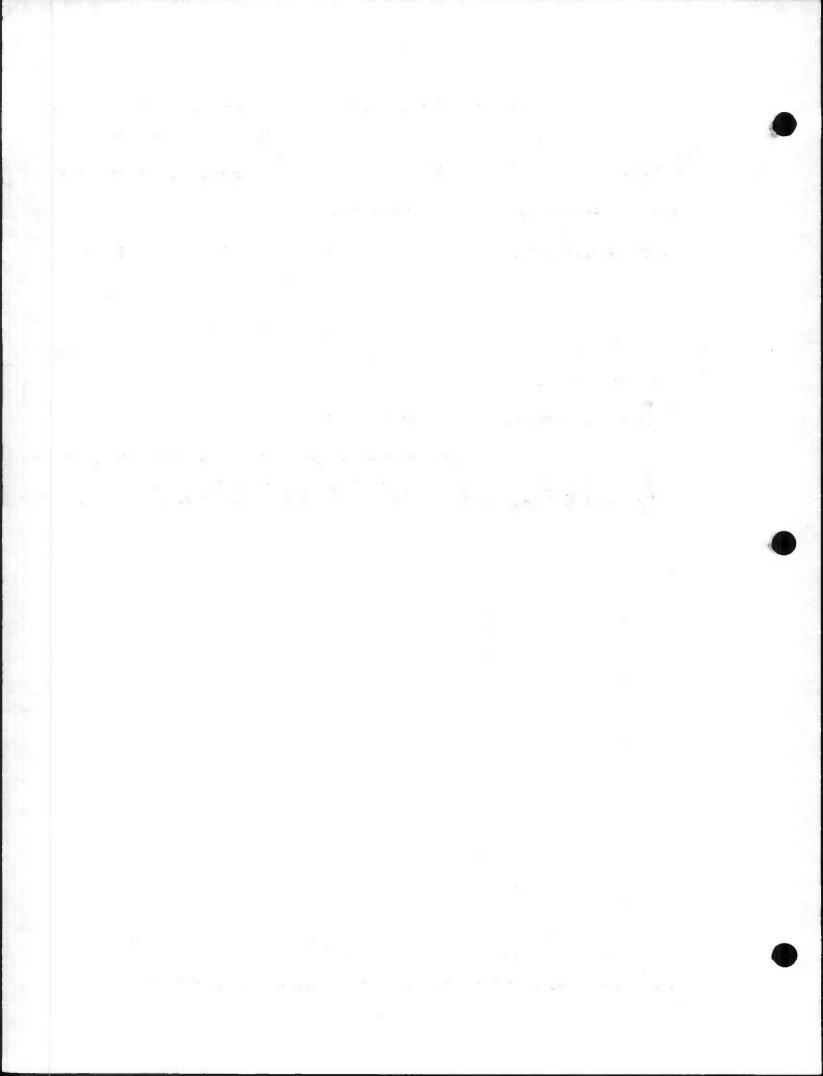
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 36 34 175

			Certifi	icate of Death	Re	g. No.	
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		-	DORChester General Hospitals. Sociel Security Number 6. Sex 7. Age (In vrs. last birth bay) #1	Under 1 Yeer If Under 24 Hrs.	dge		ester
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	or 28	Director	0 0 111111	Of Zip Code	10	g. Citizen of Whet	Country?
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	item item	Funeral	11. Maritel Stetus 12. Was Decedent Ever in U,S. Armed Forces? 1 \(\text{New Period} \) Never Merried 2 \(\text{Marited} \) Marited 1 \(\text{New Period} \) Yes 2 \(\text{Mon} \) No	Decedent of Hispenic Origin? (Sp. specify Cuban, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Rece - A Bleck, W	merican Indien, hite, etc.
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Division of Vital Records,	Attending Physicien: or death. ector: After this certific by the funeral director.	To Be	exeminer?	26. Plece of Deetl ☐ DOA Other: 4 ☐ Nursing Ho		nce 6 □Other (S	pecify)
0	ng Phys ter this neral di		27. Manner of Deeth 1 Month, Dey Year) 28b. Time of Injury (Month, Dey Year) 28b. Time of Injury		28d. Describe ho		
Sio	uttendir daath. ctor: Al y tha fu	catic	2 Accident Investigation	1 □ Yes 2 □ No			
\leq	or Attending I after death. Director: After I in by the fune	Certification:	4 Homlcide determined 28e. Plece of fnjury - At home, farm, street, f	ectory, office	28f. Location (Str City or Town,		Rural Route Number,
	poltai ours derail		29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occ	urred at the time, date and place	and due to the ce	use(s) and menner	as stated
	To the Hospital or Attending Physicien: within 24 hours after death. To the Funeral Director: After this certific complataly filled in by the funeral director,	edical	(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigend menner steted.	jetion, in my opinion, deeth occurr	red et the time, da	te end plece, end	due to the ceuse(s)
	To th	Σ	29b. Signeture and title of gertifier	29c. License number		d. Dete signed (Me	onin, Dey, Year)
			William Dan	043238		10 28	176
			30. Name and address of person who completed cause of death (Item 23e) (Type, Print; William Dair In Fran	hklin X. (Cam br	1 dge,	ma 21613
	Sta Registra		31. Dete filed (Month, Dey, Year) OCT 3 1 1996 32. Registrer's Signeture				



State of Maryland / Department of Health and Mental Hygiene 96

								Certifi	cate of	Death			Reg. No.			10
	Physic	an	1. Decedent's Name (First, A	fiddla, Li								2. Date of D Month		_Year		ne of Death
	/Medi Exami	cal	4a. Facility Nama (If not instit	ution, gi		-	lizabe	th	Young	4b. City, To		Octobe: ocation of Dea		96° of Death	9:	08A.
			Mariner Heal	th C	are					Kens:	ingt	on	Mont	gomer	Y	
	Funeral Director		5. Social Security Number 112–03–4052		Sex 1 □ M 2 XX	7. Aga (in	yrs. last birthe 93 Yr	Mo	Undar 1 Year Inths Days		24 Hrs. Min.	8. Date of B (Month, D August	rth ay, Year) 11,1903	9. Birthpi Coun Penns	laca (Si try) ylva	ata o <i>r Foreig</i> n nia
	with the Maryland a or 28s-f show be notified at	tor	Usual Residence of Deceder 10a. State 10b. Co Maryland Pri	unty	eorge's	10c	. City, Town o	or Location Belts	ville					10		da City Limits Yes 2000
	h with the	Funeral Director	10e. Street and Number 11500 Montgo	mery	Road			10	of. Zlp Code 20705	5			10g. Citizan of V			
0000	within 72 hours after death with the Marylend ena. than "natural", or items 23a or 23e-f show he Medical Examiner must be notified at	þ	11. Marital Status 1 Never Married 2 3XXXVidowed 4 Divo		12. Was Dec Armed F 1 Yas If Yes, G Yaar or I	orces? 2 XX No ive	in U,S.		Dacedant of I s, specify Cub res XX No		gin? (Sp n, Puarto	ecify Yas or N Rican, etc.)	o- 14. Rac Blac Specify	a - Amarica ck, White, o	etc.	in,
Maryland 21215-0020	d within 72 hours jiena. r than "natural", the Medical Ex	Completed	15. Dece (Specify only hi Elementary/Secondary (0- 1.2	ghest gr		(1-4or 5+)	(C	ecedent's Giva kind ife. DO N	Usual Occup of work done IOT use retire	pation during mos d)	t of work	ing	16b. Kind of Bu			name t
and 2	be filed tal Hygi d other event, t	o Be Co	17. Fathar's Nama (First, Mid J. Fred	de, Las			Sec	.reta	L Y			e (First, Middle M. Wol	, Maiden Suman		OVEL	maic
Mary	4 P	ř	19a. Informant'a Name/Relat Ralph T. Fla						drass (Streets #10	an <i>d Numbe</i>	er or Run	al Routa Numi	ber, City or Town,	State, Zip	Code)	
altimore,	permit. Peges 1 and 3 Depertment of Heelth Important: If Item 27 any Injury or other tra		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremat 4 ☐ Donation 5 ☐ Othe	on 3 [☐Removal from	01.11	b. Place of D cemetery, etropo	cremator	y or other pla	ce) natory	10/	Data /28/199	20c. Location -			
Balti	pemit. Depertrimporta any inju		21. Signature of Funeral Sen			1000		22. Nar Dona. 4400	na and Addre	Borgwar Mil	ardt	Funera	al Home, tsville,	P.A.	1an	d 2070
			23a. Part1. Enter tha disease ahock, or heart failure.	o, or car List any	plications that one cause on	caused tha deach lina.								11027	Approx	imata I Between
4	Physician /Medical Examiner		Immediata Cause (Final diseasa or condition resulting in death)		a. Pre	umor	to (or as a cor	neagueno	on offi					4	18 M	As—
17	od ansit	Examiner	Cognecticity list conditions	•	b. ———		o (or as a cor							1		
68760,	certificate be executed ding physician end ise as the burial-transit	edical Ex	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaase or injury that initiated evants resulting in death) Last	{	c		o (or as a cor									
Box 6	tending p	3	,	L	d											
	e death the atter thed for t	sici	Part II. Other significant con	ditions	contributing to d	leath but not	resulting in th	he undarly	ying cause gl	ven in Part I		23b. Dic	tobacco use co	ntribute to	the car	use of death?
Is, P.O	v requires that the death obeen signed by the attenshould be detached for u	by Ph	alzheiner	1	deme	Ma						1	Yes 2 No	3 Prob	ably	4 Unknown
of Vital Records,	S 60	Completed by Physician	U										s an autopsy ormed?	ave	Ilable p	pay findings rior to of cause
a	는 용물											1 🗆	Yas 2 No	10] Yas	200 No
<u> </u>	Physician: Th this certificate rel director, par	Be	25. Was case refarred to medexaminer?	dical	Hospital:		_		Ot	nor: -		h (Check only				
on of	aling Ph The After thi funerel	ition: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pe 2 Accident	nding estigatio	28a. Date (Mor	Inpatiant : of Injury oth, Day Yea	2 ER/Outpe 28b. Tim Inju	ne of	28c. Inju Wo	4 CYNU			idenca 6 Oth how injury occur		')	
	P dia	Certification:	3 ☐ Suicide 6 ☐ Co	uld not b ermined	e 28e. Place	a of injury - A ling, etc. (Sp	At home, farm ecify)	, atreet, fa		,		28f. Location City or To	(Street and Numb own, State)	er or Rura	Route	Number,
	To the Hospital within 24 hours a To the Funeral completely filled	edicai (29a. Certifier 12 Certifier (Check only one) 1 Medi	fying Pr cal Exar	ninar: On the b	e best of my easis of exam ner statad.	knowledge, d nination and/o	leath occu or invastig	urred at the the	me, date an opinion, daa	d placa, th occurr	and dua to the red at the tima	cause(s) and ma date and place,	nner as stand dua to	ated. tha cau	use(s)
	To the to the company of the the the the the the the the the the	Σ	29b. Signature and title of oer	titler)	4/				29c. Licens				29d. Date signe	d (Month, L	Day, Ye	ar)
	3		30. Name and address of par	son who	completed cau	se of death (Item 23a) (Ty	/pe, Print)	D34	032			10/28	20		
			Jeanne Asher							ingto	n, M	arylan	20895			
	Sta	_	31. Date filed (Month, Day, You	9ar)	32 F	Registrar's Si	gnatura	1.00								



State of Maryland / Department of Health and Mental Hygiene

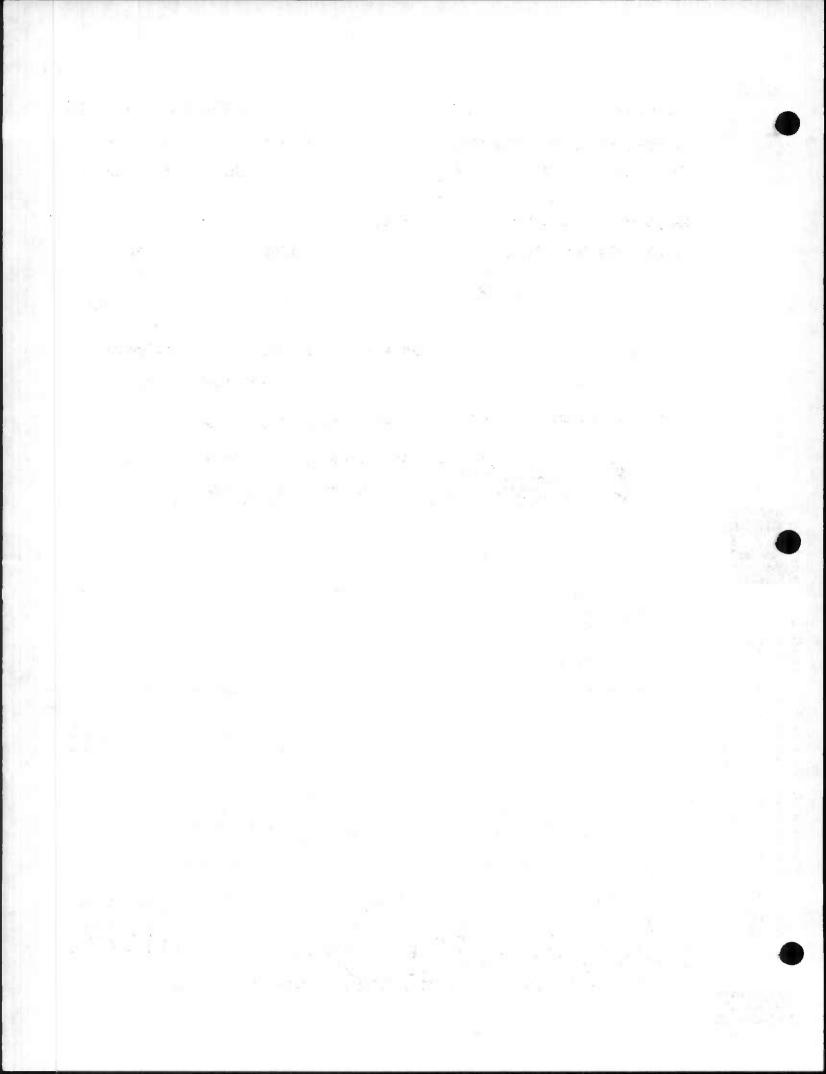
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth **Physician** 5,1996 NOVEMBER 4:20AM ADAMS BERNARD /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHARLES PHYSICIANS MEMORIAL HOSPITAL LAPLATA If Under 1 Yaar 8. Date of Birth (Month, Dey, Yaar, Feb. 14, 1 If Undar 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys Min. 1⊋M 2□F Months Hours 216-22-3209 68 Yrs 1928 Director Maryland Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified at Director 1 Yas & No Maryland Charles Waldorf 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 3860 Kelly Green Place 20602 USA Herns 23a permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural; or items 23: any Injury or other traumatic event, the Medical Exercite main Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Marriad 2R Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Completed by Specify. 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Body & Fender Mechanic Auto Repair 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Percy B. Adams Naomi Edelen 10 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mary Louise Adams - Spouse 3860 Kelly Green Place, Waldorf, MD 20602 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 Donetion 5 Other (Specify)

21. Signature of Service License 11-8-96 St. Mary's Cemetery Bryantown, MD 22. Neme end Addrass of Fecility antes Huntt Funeral Home, Inc. Part 1. Enter the disease, or complications that caused the death. Do not enter that mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** DN /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) 8 MU Examiner Due to (or es e consequença of): Examiner The law requires that the death certificate be executed bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760 physician Physician/Medical the consaguance of) 88 esn esn signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings available prior to completion of cause of daath? 24e. Wes en eutopsy performed? peen paga 2 s certificata 1 Yes 1 Tyas 2 No or Attending Physician: funeral director. Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpellent 3 DOA this 27. Menner of Deeth

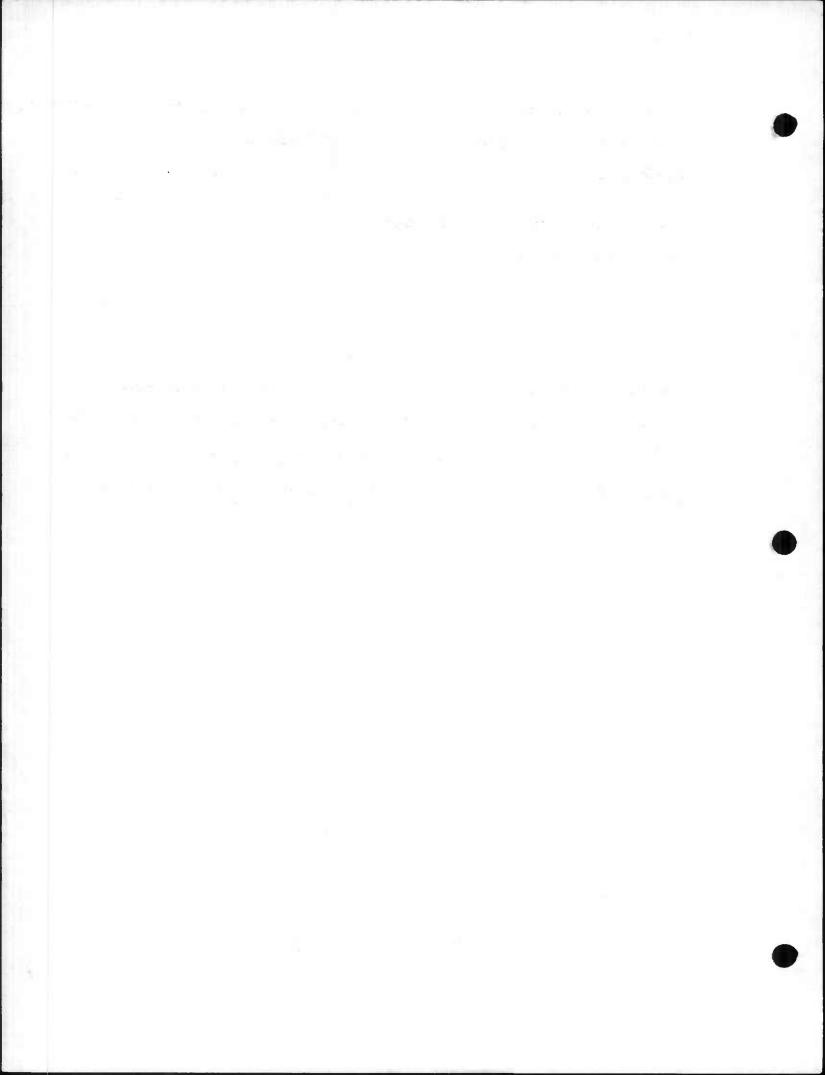
1 Alaturel

Accident 28e. Dete of Injury (Month, Dey 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending investigation after death. 1 ☐ Yes 2 ☐ No filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Hospital 24 hours a Funeral Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and menner steted. 29a. Certifier Medical (Check only one) completaly within 2 To the 29b. Signature and title of certifie License number 29d. Date signed (Month Dev. Year) D+20629 end eddress of person who completed cause of deeth (Item-23a) (Type, Print) GEORGE WATHEN 103 PEMBROOKE SQUARE MD WALDORF MD. 20603 32. Registrar's Signeture 31. Dete filed (Month, Day, Year) State NOV 0 6 1996 Registrar

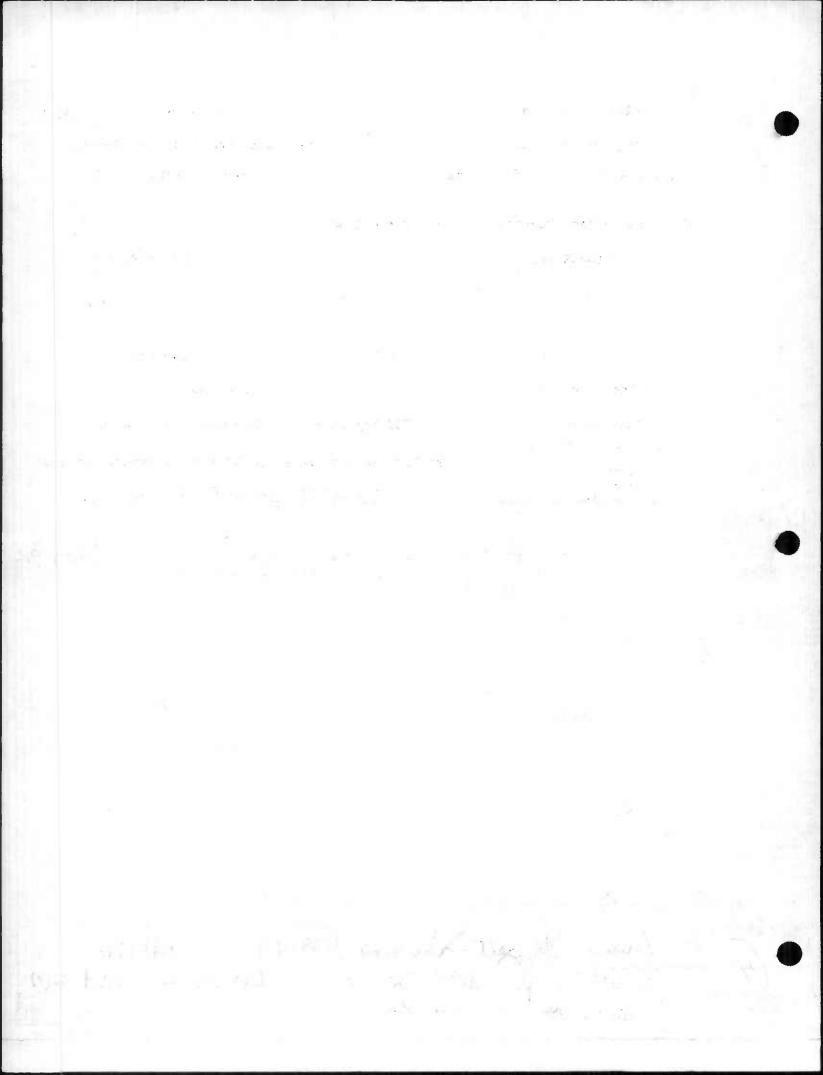


				State of Ma	aryland		rtment of F tificate of		Mental Hy	/giene 5 Reg. No.	6 3	14178
	Physici /Medi		1. Decedant's Neme (First, Middle, Li Esther Eliza		dt				2. Dete of De Month Nov 2	eeth Day	Yeer	3. Time of Death 3:15 A. M
	Examir Funeral Director		214-09-0932	Tursing Cen	e (In yrs. les	t birthdey) Yrs.	If Under 1 Yeer Months Deys	Hagerst If Under 24 H		Washi	ngton	ce (Stete or Foreign and
	Maryland H ehow	tor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Washing	oton		fown or Loc						I. Inside City Limits 1 X Yes 2 □ No
	ath with the	Funeral Director	10e. Street and Number 55 E. Washington	Street		CISCO	10f. Zip Code 21740			10g. Citizen of V USA	Vhet Country	7
020	within 72 hours aftar death with the Maryland ens. than "natural", or itema 23s or 28s-f show Its Modical Examiner must be notified at	Ď	11. Maritel Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent I Armed Forces? 1 ☐ Yes 2 ② N If Yes, Give Yeer or Detes:		lf	Vas Decedent of the Yes, specify Cub. ☐ Yes 2 No.	an, Mexican, Pu	(Specify Yes or Netro Rican, etc.)		e - American ek, White, etc	o.
21215-0	d within 72 ho piena. r than "natur the Moulcal	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondery (0-12) 12	ducation ada completed) College (1-4or 5		(Give I life. D	ent's Usuel Occup kind of work done O NOT use retire EMAKET	pation during most of v d)	vorking	16b. Kind of Bu	isiness/indus	atry
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imore, Mai	of Health and Item 27 le n		Richard E. Mil. 20e. Method of Disposition	ler	20b. Plec	1147	g Addrass (Street Oak Hill iition (Neme of etory or other ple	Avenue	Hagers Dete	town, Mai	ryland	21742
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours aftar daath with the Marylan Department of Health and Mental Hygiena. Important: if Item 27 le marked other than "natural", or itema 23a or 28a-f ehow any Injury or other treumatic event, the Modical Examinat must be norified at ODGs.		1 M Buriel 2 □ Cremetion 3 □ 4 □ Donetlon 5 □ Other (Speci	fy)		. Have	n Cemete	ery ess of Fecility		Hagers Potoma		Maryland eet
	Physician /Medical Examiner) Je	23d. Pert1. Enter the disease, or con shock, or heart fallura. List only tmmediate Causa (Finai disease or condition resulting in death)	ome ng, such es card Aneig	iec or respiretory	stown, M.	A	pproximete pproximete plerval Batween phaset end Death Le Dayp				
Box 68760,	h certificate be axecuted ending physician and r use as tha burial-transit	an/Medical Examiner	Sequentieily list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiefled events resulting in deeth) Last	c	Due to (or as	U		ey w				
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Records, I	v requ	by	/ Con	De mentro	in To	n'cu			24e. Wes	s en eutopsy ormed?	avella	e eutopsy findings able prior to letion of cause
		Be Completed	25. Wes case referred to medical	1 Syprile	proi	dies	7	26. Plece of C	1 □	Yes 2 No	1 🗆 Y	
Division of Vital	ng Ph iftar th unaral	Certification: To I	exeminar? 1 Yes 2 No 27. Manner of Peth 1 Thetural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined.	28e. Dete of Injur (Month, Dey	Year)	Bb. Time of Injury	28c. Injui Woo 1 □	4 LI Nursing	28f. Location	idenca 8 Other how Injury occurr (Street end Numb	ed	doute Number,
۵	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical Cer	29e. Certifier 1 ☐ Certifying Pt	nyelclan: To the best of miner: On the basis of and menner ste	f my knowle	dge, deeth	occurred et the tirestigetion, in my o	me, dete end ple opinion, deeth oc	ce, end due to the	ceusa(s) and ma	nner as state	ed. le ceuse(s)
	To the Within To the Comp	Me	29b. Signeture end title of certifier	Indude		Coron		se number		29d. Dete signed	(Month, De	y, Year)
			30. Nema end eddress of person who	NO PEARE 3	501	1/4	ST. 1+	A GERS	roun 1	402	1780	
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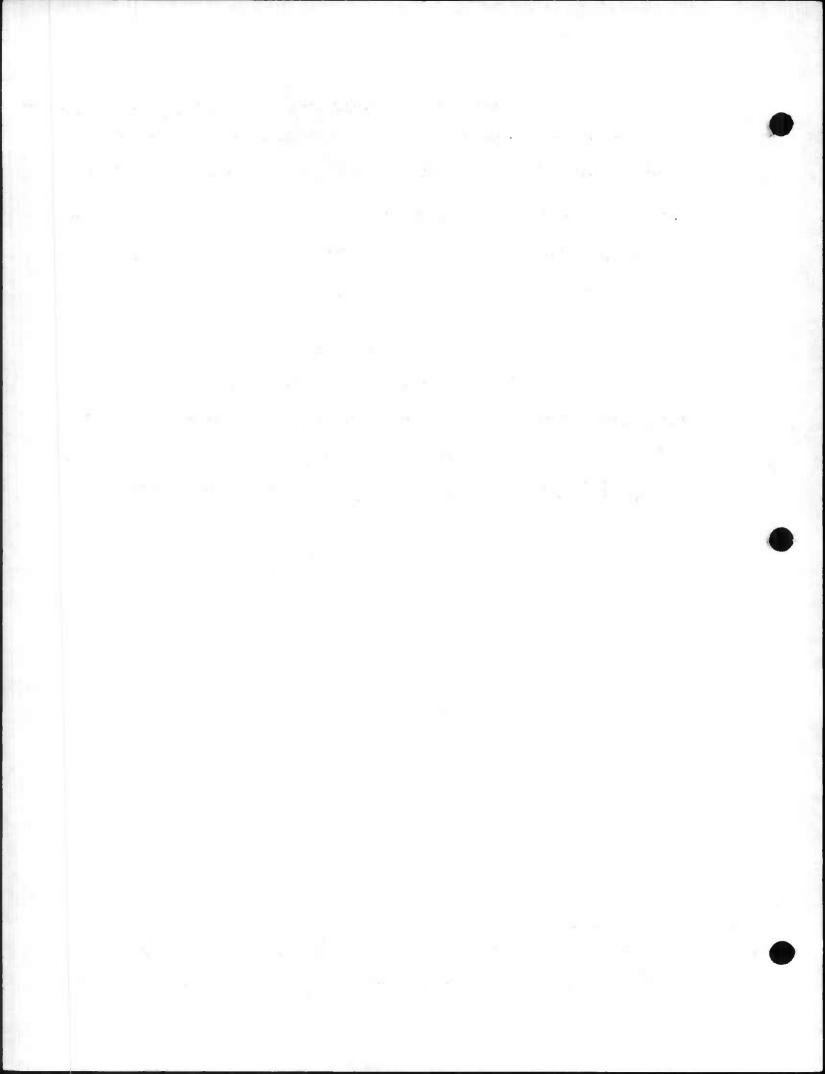
State of Maryland / Department of Health and Mental Hygiene

						Certificate		Re	g. No.	34119
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J	Physic /Medi		Helen Amo	rosi				October	29, 1996	1:45 PM
у.	Exami		4e. Fecility Neme (If not institution, g	ive street and number)			4b. City, Town, or	Location of Deeth	4c. County of De	
			7702 Topton	Street			New Car	rollton	Prince (Georges
	Funeral Director				e (In yrs. last bii 77	Yrs. If Under 1 Y Months D	eys Hours Mir		Year) 9. B	irthplece (State or Foreign Country) ryland
	/land		10a. Stete 10b. County		10c. City, Tow	n or Location				10d. Inside City Limits
	ath with the Marylan 23a or 28a-f show	to	Maryland Prince	Georges	Note	Carrollto	n			1 Yes 2 □ No
	or 28	Directo	10e. Street end Number	0001,500	TI CW	10f. Zip Co		10	g. Citizen of Whet C	Country?
	23a		7702 Topton St	reet		2078	4	U	nited Sta	ates
	ir daa	Funerai	11. Marital Status	12. Was Decedent I Armed Forces?	Ever in U,S.		of Hispenic Origin? (Cuban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		nerican Indien,
21215-0020	72 hours after death with the Meryland "neturel", or feme 23s or 28s-f show soldel Exeminer must be notified at	þ	1 ☐ Never Merried 2 反 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ N if Yes, Give Year or Detes:	lo	1□Yes 2⊠		,	Specify:	Thite
5-0	within 72 ho iene. than "natur the Maxical	Completed	15. Decadent's E (Specify only highest gi	ducation rade completed)	16e.	Decedent's Usual O	ccupetion	orking 1	6b. Kind of Busines	s/Industry
121		mpi	Elementery/Secondery (0-12)	Coilege (1-4or 5	+)	life. DO NOT use re	one during most of wo attred)	, and		
2			12 17. Fether's Neme (First, Middle, Las	6)		Home Maker		me (First, Middle, M	Own Home	
Maryland	od ital	Be c							,	
2	d 2 should Ith and Mani	To	Wilhelm Gust 19a. Informent's Name/Relationship		196	Mailing Address /S/	reet and Number or R	E. Wilson		Zin Cada)
	d the		Louis Amoros				n Street,			
re,	f Health frem 27 l		20e. Method of Disposition	_	20b. Piece of	Disposition /Neme of	f		Oc. Location - City o	
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Baltimore,	Party South		21. Signature of Fungral Service Lice		_ FOLC 1	22. Neme end A		.0/30/30	prentwood	, Maryland
8	89E#8		1 /Lain	Detine		Fort L	incoln Fur	neral Home	, Inc.	00700
	200		23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	plications that crused	he deeth. Do r	not enter the mode of	ladensburg dying, such es cardia	c or respiretory erres	twood Ma	Approximete Intervel Between
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P.O.	that tha death ca ed by tha attendii detached for usa	Physician/	Pert II. Other significant conditions	_	t not resulting in	the underlying cause	given in Pert I.	23b. Did tob	Y	to the cause of death? Probably 4 Unknown
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Division of Vital Records,	aw requii is been s 2 should	Completed						24e. Wes en performe		Were eutopsy findings eveileble prior to completion of cause of deeth?
ď	ysicien: Tha iav is certificete has director, paga 2	E						1 □ Yes	21 No	1 Yes 2 No
Ita	ilan: artifica ctor,	Be	25. Wes case referred to medical exeminer?				26. Piece of De	eth (Check only one,)	
7	Physician: rthis certific rai director,	2	1 Yes 20 No	Hospitel: 1 Inpatier		tpatient 3 DOA	Other: 4 Nursing I	dome 5 Residen	ce 6 □Other (Spi	ecity)
L C	Ing P	on:	27. Menner of Deeth 1 SNaturel 5 □ Pending	28a. Dete of Injury (Month, Day	Year) 28b. T		njury et Work?	28d. Describe how	injury occurred	
Sic	Attanding or death. Sector: Aftai by the fune	cat	2 Accident investigatio 3 Suicide 6 Could not b				1 ☐ Yes 2 ☐ No			
<u>></u>	or A	Certification:	4 ☐ Hornicide determined	building, etc.	ry - At home, fai (Specify)	rm, street, fectory, off	ice	City or Town,	et and Number or F Stete)	Rural Route Number,
	To the Hospital or Attanding I within 24 hours aftar daath. To the Funeral Director: Aftar completely filled in by the funer		29a. Certifier 1 Certifying Pt	ysicien: To the best of	my knowledge,	, deeth occurred et th	e time, dete end plece	a, end due to the ceu	se(s) end menner e	es steted.
	in 24 he Fu he Fu	edicai	(Check only one) Medical Exam	niner: On the basis of end menner stet	examinetion end	Vor Investigetion, in n	ny opinion, deeth occi	urred et the time, dat	e end pieca, end du	e to the ceuse(s)
	Veith Com	Σ	29b. Signeture end title of certifier	()	11	29c. Lic	ense number	290	d. Dete signed (Mon	th, Day, Year)
	(Dusan	Teagett	- John	- ansa	D38140	j l	10/30/9	4
1	14/		30. Neme and eddress of person who	completed cause of de	eth (Item 23a)	Type, Print)				11 1 -00
1	1/		31 Data filed (Month Day Vocat	rovadr	6	Dure		JANDU	ver!	VId 201
	Sta Registra	rc.	31. Dete filed (Month, Day, Year)	A July D	's Signeture	refall				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 36 34 180

					(Certificate of	Death		Reg. No.		
	Dharaini		1. Decedant's Nama (First, Middle, L	ast)				2. Date of De Month		_Yaer	3. Tima of Death
J	Physici /Medi			Raymond	William	Baumgard	ner	Nov/	2/	76	6:20 Am
	Exami		4a. Facility Nama (If not Institution, g				4b. City, Town, or		THE RESERVE		
	Otto .		Washington Cour	ity Hospita]		Hagerst			ingtor	1
	Funeral Director		5. Social Sacurity Number 6. 184-10-6085 Usual Rasidance of Decedant	Sax 7. Aga 1XM 2□ F	(In yrs. last birth	Months Days			th by, Yaer) , 1914	9. Birthple Counti Peni	aca (Stata or Foreign ny) na.
	and we		10a. Stata 10b. County		10c. City, Town	or Location				10	d. fnsida City Limits
	e Meryl	Director	Penna. Frank	clin	-	castle					1 X Yas 2 □ No
	h with th		10e. Street and Number 158 North Carli	sle St.		10f. Zip Coda 1722	5		10g. Citizan of		ry?
020	72 hours after death with the Meryland nature!', or items 23s or 28s-1 show deal Examinet must be notified at	by Funerai	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant E Armed Forcas? 1 Yas 2 N If Yas, Giva Yaar or Datas:	131111	13. Was Decedant of If Yas, specify Cul		Specify Yas or No to Rican, atc.)	14. Rad Bia Specifi	ce - Amarica ck, Whita, e y: Whi	tc.
5-0	72 hours naturel',	Completed	15. Decedant's l (Specify only highast g	Education	16a. [Decedent's Usual Occu Giva kind of work done	pation	rkina	16b. Kind of B	usinass/Indu	ustry
21	9	npie	Elementery/Secondary (0-12)	Collega (1-4or 5-	+)	lifa. DO NOT usa ratin	9d)	rang			
21		S	11		Ow	ner/Operat			Ski L		
Maryland 21215-0020	S to S	To Be	17. Fathar's Nama (First, Middla, Las Raymond	_® I William B	aumgardn	er		ma <i>(First, Middl</i> a Yiiller	, Maidan Suman	na)	
ary	d 2 should th and Mer 7 is marke traumatic	-	19a. Informant's Name/Ralationship	(Type, Print)	19b.	Mailing Addrass (Stree	t and Number or R	ural Routa Numb	er, City or Town,	Stata, Zip (Code)
	475		Evelyn Baumgardne	er /Wife		58 North C					
re,	gas 1 end it of Health If item 27 or other tr		20a. Mathod of Disposition		20b. Piace of I	Disposition (Nama of cramatory or other pla	100	Data	20c. Location	City or Tow	vn, Stata
Baitimore,	permit. Pegas 1 Department of H important: If ite any injury or ott		1 ■ Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Spec			Hill Cemet		11/7/96	Waynes	boro,	Pa.
Bai	Deparition of the service of the ser		21. Signature of Funarai Sarvice Lice H. Martin	Zeneine-	J~.	Zimmerman	And Son	Funeral	Home I	nc.	
			23a. Part1. Entar tha diseasa, or con shock, or heart failure. List only	nplications that caused	tha daath. Do no	Greencast of entar tha moda of dy	Ing, such as cardia	c or raspiratory e	rrest,		Approximeta intarval Batween
	Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition resulting in daath) Sequentially fist conditions, if any, leeding to Immediata	b. <i>MUM</i>	Dua to (or as a co	onsequanca of):	enest I him with as	umhag	¥		
Box 68760,	deeth certificate be executed the ettending physician end ad for use es the burial-transit	by Physician/Medical E	Sequentially fist conditions, if any, laeding to Immadiata cause. Entar Undarlying Causa (Disaasa or injury that initiated evants resulting in daath) Last	d. Musik	Va to (or as a co	sequance of):					
P. 0.	tha d ry the sched	hysi	Part II. Other algnificant conditions				iven in Part I.		13/		the causa of death?
	thet be dete	y P	The storeally	14/11 -	I dia	hells		10	Yes 2 No	3 Probl	ably 4 Unknown
of Vitai Records,	law requiras thet tha deeth ce as been signed by the ettendi s 2 should be deteched for use	Completed b						24a. Was	en autopsy med?	com	ra autopsy findings ilable prior to apiation of cause eath?
<u> </u>	ysician: The lav is certificate has director, page 2	No.						10	Yas 200 No	10	Yas 2□ No
ita/	ian: ortific ctor,	Be (25. Was casa rafarred to medical axaminar?				26. Placa of De	ath (Check only o	ona)		
<u>></u>	S 0 0	2	1 Yas 2 No	Hospital:	nt 2□ER/Outp	atient 3 DOA	har: 4 Nursing I	Homa 5□ Rasi	dance 6 Oth	ar (Specify))
o uoi	Attending Physician: ir death. ector: After this certific by the funeral director,		27. Manner of Death 1 ☐ Neturai 5 ☐ Panding 2 ☐ Accidant investigation	28a. Data of Injun (Month, Duy	Year) 28b. Tir	ury Wo	iry at ork?] Yas 2 ☐ No	28d. Dascribe	how Injury occur	red	
Division	P 문 등	Certification:	3 Suicida 6 Could not datamined		(Specify)	n, streat, factory, office		28f. Location (City or To	Straat and Numb wn, Stata)	per or Rural	Routa Number,
	To the Hospital within 24 hours To the Funeral completely filled	edicai (29a. Certifier 1 Certifying P	hysician: To the best of miner: On the bests of and mannar stat	my knowledga, o axamination end/	death occurred at tha to or Invastigation, in my	lma, data and piace opinion, death occu	a, and dua to tha urred at the time,	ceusa(s) and ma dete end piace,	annar as sta and dua to t	ited. tha cause(s)
	o thin	Me	29b. Signatura and Conception			29c. Lican	sa number		29d. Data signe	d (Month, D	Pay, Year)
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		-	30. Name and addrass of person who		ath (itam 22a) /Ti		57043		119	16	
			CALUSD	//// MI	MUAT	ype, Print) PUULUS II	(1) Hel	ROTHEDA	on in	1 2	1742
	Sta	te	31. Data filed (Month, Day, Yaer)	32. Registra	r's Signatura		- , Hare	, 0, -31 -64	1000		11/6
	Registr	_		96 Julik Sta	walson Rood	all					



ţ	е	ot	Maryla	and /	Depai	rtment	of	Health	and	Mental	Hygiene
					_						

physicien and the burial-trensit ΘS ate has been signed by page 2 should be detac this certificate director,

Division of Vital Records, P.O. Box 68760.

Baltimore, Maryland 21215-0020

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physiclan** Month Harold Lee BAKER 4b. City, Town, or Location of 11:00 om /Medlcai 4e. Facility Neme (If not institution, give street end number) ation of Deeth 4c. County of Death **Examiner** 21948 Holiday Drive Smithsburg Washington If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. 8. Dete of Birth (Month, Dey, 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** Deys 1**⊠** M 2□ F 220-34-0635 Yrs Director 61 Aug. 4, 1935 Maryland Usuel Residence of Decedent death with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notitied at Director 1 ☐ Yes 2 XNo Maryland Washington Smithsburg 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 21948 Holiday Drive "naturel", or items 23a 21783 USA Funeral 12. Was Decedenf Ever in U,S. Armed Forces? 1 ™ Yes 2 □ No If Yes, Give Year or Detes: 1955–59 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Pages 1 end 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or iten any injury or other traumatic event, the Medical Examine. Once. Bleck, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: by Specify: 3 Widowed 4 □ Divorced white Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) tool designer truck manufacturer 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Raymond Charles Baker 2 Vera May Snyder 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sharon Myers - niece 19420 Lappans Rd., Boonsboro, Md. 21713 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 X Burlel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 11-7-96 Cedar Lawn Mem. Park Hagerstown, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediete Ceuse (Finel diseese or condition resulting in death) /Medical Repul Cell Carcinons 4 hoth Examiner Physiclan/Medical Examiner or Attending Physician: The law requires that the death certificata be axecuted Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Onknown Be Completed by 24e. Was en eutopsy performed? 24b. Were eutopsy findings avelleble prior to completion of ceuse of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To the Hospital or Attending Physic within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directors. 1 ☐ Yes 2 No Medical Certification: To 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Veturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner as stated.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner stated. 29e. Certifier (Check only one) 29b. Signeture end fitle of certifier 29c. License number 29d. Date signed (Month, Dey, Year) ad cause of deeth (Item 23e) (Type, Print)

Blud Snithsburg MD W. B. KERNS, M.D.

32. Registrer's Signeture who completed cause of deeth (Item 23e) (Type, Print) Jefferson 31. Dete filed (Month, Day, Year) State Jali Dhudson Rand Registrar

NOV 0 6 1996

The section for the second of the

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	in may be retained by the hospital or attending physician. To page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ust be notified at once.
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2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

187 Thomas signatures July Discharge Registrates signatures

ANTHUR G. MANTAGES

31. DATE FILED (Month, Day, Year)

ADV 1 3 1996

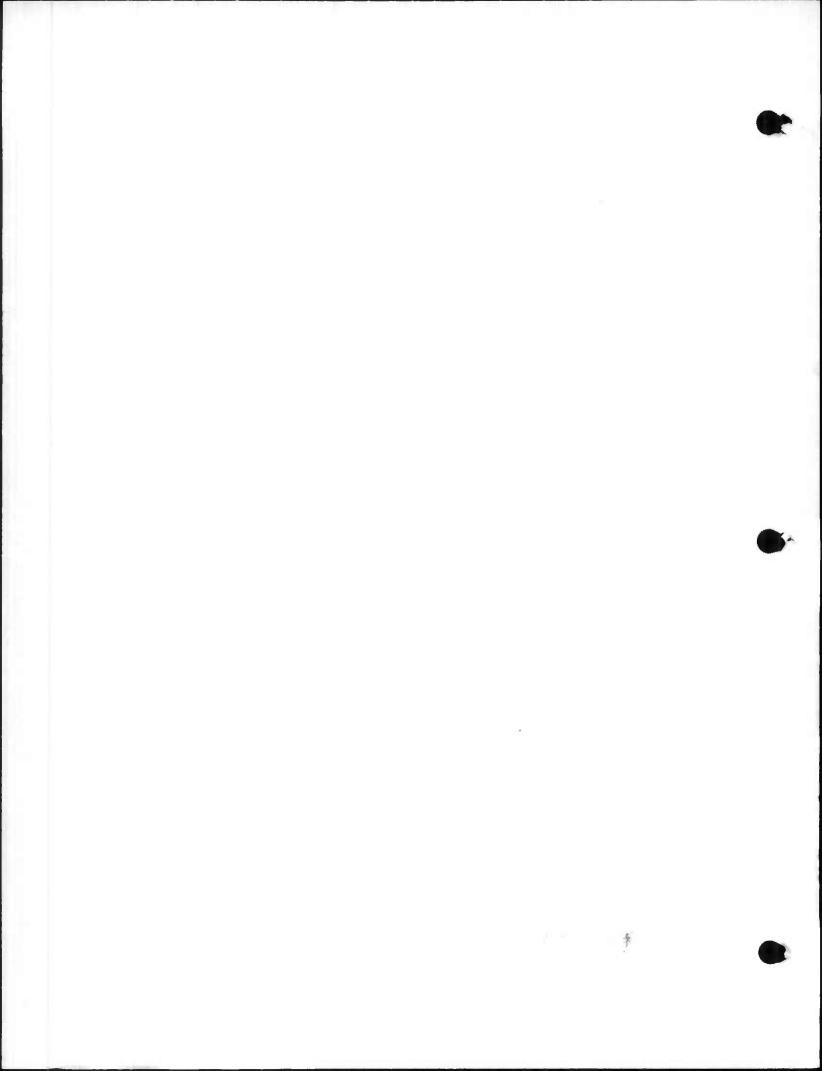
							9	6	34182	
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF I	HEALTH AND I		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Grace Katherine	Baker				2. DATE OF D MONTH NOVEM	ber 5,	1998	3. TIME OF DEATH 10:00 A. M	
	238-20-1436	1 □ M 2 💢 F 8		IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day Jan. 27	1907	8. BIRTH Country Nort	PLACE (State or Foreign h Carolina	
OR	90. FACILITY NAME (II not institution, give street Citizen's Nursing				derick		9c. COU	inty of Di rede		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY WV. Berk	zeley		TOWN OR LOCA	Waters				10d. INSIDE CITY LIMITS?	
FUNERAL D	100. STREET AND NUMBER Rt 1 Box 115	- Coccy			ZIP CODE	19	10g. CIT		1 VES 2 X NO WHAT COUNTRY? S.A	
B⊀		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2/1 NO Specify	NC ORIGIN? (Sp	ecify Yes or No—	14. RACE Black	- American Indian, t, White, atc.	
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5 +)	life. Do NOT use	rk done during me	est of working	16b. KIN	OF BUSINESS/INI	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE E. HENSELL	2			18. MOTHER'S NA	ME (First, Middle Mary S				
TO B	190. INFORMANT'S NAME (Type/Print) Antionette B. Hiltz	(Granddaugh	196. MAILING A ter) Rt	DORESS (Street of BOX 1	and Number or Rural F 15 Falli	Poure Number, Ci	ty or Town, State, Zip	25419	1	
	294. METHOD OF DISPOSITION 1 □ Burgal 20 Greenation 3 □ Remove 4 □ Ponetion 5 □ Other (Specify)	trop state 20b.	PLACE AND DATE OF	DISPOSITION (NI	ory Nov.	5,96	20c. LOCATION - Smiths			
	2 SIGNATURE OF PUNERAL SERVICE LICENSES	Jan	in	22. NAME AI	s Funeral	e Home	12525 Br Smithsbu	iadbu	vry Ave. Id. 21783	
	23. PART I. Enter the disesses, or conshock, or heart fellure. Lie IMMEDIATE CAUSE (Final disesse or condition resulting in death)	nplications that caused at only one cause on each tonly one cause on each tonly one cause on each tonly of the caused at the cau	ch line.	t enter the mo	de of dying, suci	h as cardiac d	or reaplicatory sri	rest,	Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):							
MEDICAL C	PART II. Other significent conditions of Files a		1 not resulting in	the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 MO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	DEATH YES	□ NO 🖫	UNCERTAIN				1 TYES 2 NO	
/SICIAN:	EXAMINER?	OSPITAL: Inpetient 2 ER/Outpa		THER:	e 5 🗆 Residence	8 Other (Spe	c/fy)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT RK?	28d. DESCRIB	E HOW INJURY OC	CURED		
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY - building, atc. (Specif	At home, term, stre	et, factory, offic		281. LOCATION City or Tow	(Street and Number in, State)	or Rural Re	oute Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
D BE CC	296 SUNATURE AND TITLE OF CERTIFIER	und	-		29c. LICENSE NUM D-18	BER			(Month, Day, Year)	

Thomas Johnson Dr.

21702

,Md.

Frederick



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Date of Deeth 3. Time of Deeth 3:20 PM GURF OCTUBER 28 96 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Daath Prince George's Community Hospital

5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Cheverly
If Undar 24 Hrs.
Hours Min. Prince George's If Under 1 Yaer 8. Deta of Birth (Month, Dev. Birthpleca (Stete or Foraign Country) Months Deys 1□ M 2\ F 578-28-2094 76 09-03-1920 Lilesville, NC Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Washington, DC 10e. Streat and Number 10f. Zip Code 10g. Citizen of Whet Country? 1000 Quebec Place, NW 20010 USA 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Mantel Status 14. Raca - American Indian, Bleck, White, etc. 1 Yas 2 No If Yes, Give Year or Dates: 1 Nevar Married 2 Married 1 ☐ Yes 2 🗓 No Specify: Black. 3 Widowed 4 Divorcad 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Nurse Private Duty 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Stephen Ratliff Laura Wall 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Streat end Number or Rural Route Number, City or Town, Steta, Zip Code) Marion O. Covington 1000 Quebec Pl., NW 20010 Wash., DC 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) Date 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State 11/02/ 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park 1996 Landover, MD 21. Signature of Funeral Service Doense 22. Name and Address of Facility Tyrone J. Young Funeral Services 5635 Fads Street, N.E. Washington, DC 20019 Erter the disease or con-23a. Part1 Approximete Intervel Between Onset end Deeth ns that caused the d h. Do not enter tha mode of dylng, such es cardiac or respiretory errest Immediete Ceuse (Finel diseese or condition resulting in death) Due to (or es e consequença of): thologic Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): 6 Jamg Dua to (or as a consequence of) Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause givan in Pert i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilebte prior to completion of cause of deeth? 24e. Was an eutopsy performed' Hypertensis 1 Yes 2 No 1 ☐ Yes 2 No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitet: Other: 4 Nursing Home 5 Rasidenca 8 Other (Specify) 1 ☐ Yes 2 No 1 Inpetient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28h Time of 28a. Dete of Injury (Month, Dev Year) 28c. injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At homa, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at tha time, date end plece, end due to the cause(s) end menner steted.

29c. Licensa number

29d. Date signed (Month, Dey, Yeer)

The law requires that the death certificete be executed Division of Vital Records, P.O. Box 68760, Hospital

physiclen signed b certificate i or Attending Physician: efter death. After Director: Funerel D hours To the Hosp within 24 hou To the Funer completely fil

Be Completed by Physician/Medical

2

Certification:

Medical

Physician

/Medical

Examiner

Funeral

Director

28e-f show

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items 23a

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Hygiene.

permit. Pages 1 and 2 should be filed w
Department of Health and Mental Hygien
Important; if Item 27 is marked other tha
any injury or other traumatin

Physician /Medical

Examiner

Director

Funeral

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Completed

Be

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trsumatic event, the Medical Examiner must be notified at

the Marylend

filed within 72 hours efter deeth with

Baltimore, Maryland 21215-0020

Registrar

State

Sary Omar Beidas, MD 31. Dete filed (Month, Dey, Year)

NOV 01 199

29b. Signetura and title of certifier

PGHC Dept. of Medicine 3001 Hospital Dr, Cheverly, MD 20785 32 Registrar's Signeture

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

The second control of the second control of W. Smith and the state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene

31, 184

				State of	war y lari				Death			Reg. No.		01107
	Physici /Medi		Decedant's Name (First, Middla, SIDNEY BURT	Last)							2. Dete of Dae Month 10 -	- 26 -	96	3. Tima of Death 12:20 PM
	Examir		4e. Fecility Nema (If not institution, MANOR CARE LARGO	give street and numb	er)				LAR	(GO	ocation ot Death	PRINCE		ES
	Funeral Director	74	238-20-8671	. Sex 7. 1 2 M 2 □ F	Aga (In yrs. I	ast birthday) Yrs.	If Undar Months	1 Yaar Days	If Undar Hours	24 Hrs. Min.	8. Dete of Birt (Month, Day 9-3-10	h Year)	9. Birth	placa (Stata or Foreig HYCAROLINA
	r 28a-f show	ctor	Usuel Rasidence of Dacadant 10a. Stata 10b. County MD PRINCE G	EORGES		, Town or Lo								10d. Inside City Limits
	th with th	ai Director	10e. Street and Number 4202 58IH AVENUE	#131			10f. Zip 20	Coda 710				10g. Citizan of	What Cou JSA	ntry?
020	or items	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Merried 3 ☒ Widowed 4 ☐ Divorced	12. Wes Daceda Armed Force 1 1 X Yas 2 If Yas, Give Yaar or Dete	os? □ No	1	Was Daced f Yes, spec		lispanic Ori en, Maxical Spacify:		pecify Yes or No- Rican, etc.)	14. Race - Amarica Black, Whita, a Specify: BLACK		atc.
Maryland 21215-0020	d within jiene. r than	Completed	15. Decedent's (Specify only highast Elementery/Secondery (0-12) 6TH	Education grada complated) Collega (1-40	or 5+)	16a. Deced (Giva lifa. L	dant's Usua kind of wor DO NOT us PAINIE		pation during mos d)	at of work	ing	16b. Kind of B		
/land	0000	To Be C	17. Fether's Nema (First, Middle, La GEORGE BURT	st)						ar's Nam	a (First, Middla, RISON	Maidan Surnan	na)	
	473G		19a. informant's Neme/Ralationship EMMA B. ALSTON	(Type, Pnint)							ral Routa Numbe MD 20772	or, City or Town.	Stata, Zij	o Code)
Baltimore,	T h		20e. Mathod of Disposition 1 Dispuriel 2 Cramation 3 4 Donation 5 Other (Spe			ace of Dispo metary, cran					Data 11-2-96	20c. Location SUTILAN		
Balt	permit. Pa Departmer Important: any Injury once.		21. Signature of Poheral Service Lic	ansas A	0	1			ER FUN		HOME VASHINGTON	1 DC 20	2011	-
	Physician /Medical Examiner		23a. Part Enter the disease, or conshock or heart failure. List on Immediata Causa (Final disease or condition resulting in death)	mplications that caushy one causa on aacl	sad tha death	Re	er the mod	a of dylr	ng, such es		or respiratory ar			Approximata Interval Batween Onset end Deeth
Box 68760,	leeth certificate be executed extending physician and I for use es the bunal-transit	an/Medical Examiner	Sequantially list conditions, if eny, leeding to immedieta cause. Enter Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last	b. <i>C6</i>		as a consequence as a consequence		לריים 	Fo	ul	lure			one Year
P.O.	v requires that the death been signed by the atter should be detached for u	ed by Physician/M	Part II. Other significant conditions Cardiac F	contributing to death	but not rasu	iting In the ur	ndariying co	ausa giv	ran In Part I	ant	1 1 1 24a. Was	/es 2□ No	3 Pro	o the cause of death bably ##Unknow ara autopsy findings railable prior to
of Vital Records,	98 b	Completed	10 Julge	U							1 🗆 Y	4	of	ompletion of cause death?
Vita	ilclan: certific rector,	o Be	25. Was case rafarred to medical examinar? 1 ☐ Yas 2 No	Hospital:				Oth	or.		h (Check only o			
		-	27. Manner of Deeth 1 Naturel 5 Panding 2 Accident investiget	ion		ER/Outpatien 28b. Tima of Injury		Bc. Injur Wor			ome 5 Rasid 28d. Describe h			(y)
Division	한부등	Certification:	3 ☐ Sulcida 6 ☐ Could not datermine	building,	atc. (Specify,)	•				City or Tow	m, Stata)		al Routa Number,
	To the Hospital within 24 hours of the Funeral I completely filled	Aedicai	one) 2 Medical Ex	Physician: To the be- aminer: On the besis and mannar	of examineti	rledge, death on and/or inv	astigation,	in my o	pinion, daa	d place, th occur	red et tha tima, o	data and placa,	and due to	o the cause(s)
		2	29b. Signeture end titla of certitiar	VE	Od.	111)	7 290	Licens 3	a number	71	<i>_</i>	29d. Data signe		Day, Year)

State Registrar

SAM TELLAWI, M.D. 31. Dete filed (Month, Day, Year) NOV 01 1996 7700 OLD BRANCH AVENUE, SUITE B 102 CLINION, MD 20735 32 Registrar's Signeture

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

3	L	1	8	5
0	- 8	1	0	U

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Year DARNELL BROWN OUENTIN 2:00 AM 96 10 23 /Medical 4e. Fecility Name (If not institution, give street end number) 4b City Town or Location of Death 4c. County of Death Examiner 11744 Ellington Drive Beltsville Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** Days 1 ☑ M 2 ☐ F 37 Yrs. 218-78-0248 Director 01-20-59 Maryland Usual Residence of Deceden death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at Maryland Prince George's Beltsville Funeral Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11744 Ellington Drive 20705 USA 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours efter bepartment of Health end Mental Hygiene. Important: If Item 27 is marked other then "natural", or item any injury or other traumatic event, the Medical Exaction 1 X Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Black Completed by 3 ☐ Widowed 4 ☐ Divorced Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12th College (1-4or 5+) Mail Handler Government Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Franklin William Brown Ethel Louise Wilson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ethel Brown/Mother 11744 Ellington Drive, Beltsville MD 20705 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State Harmony Memorial Park 10/26/96 Landover, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Signature of Funeral Service Licenses 22. Name and Address of Facility J. B. Jenkins Funeral Home 23a. Part1. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such es cardlec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** HIV with Complication

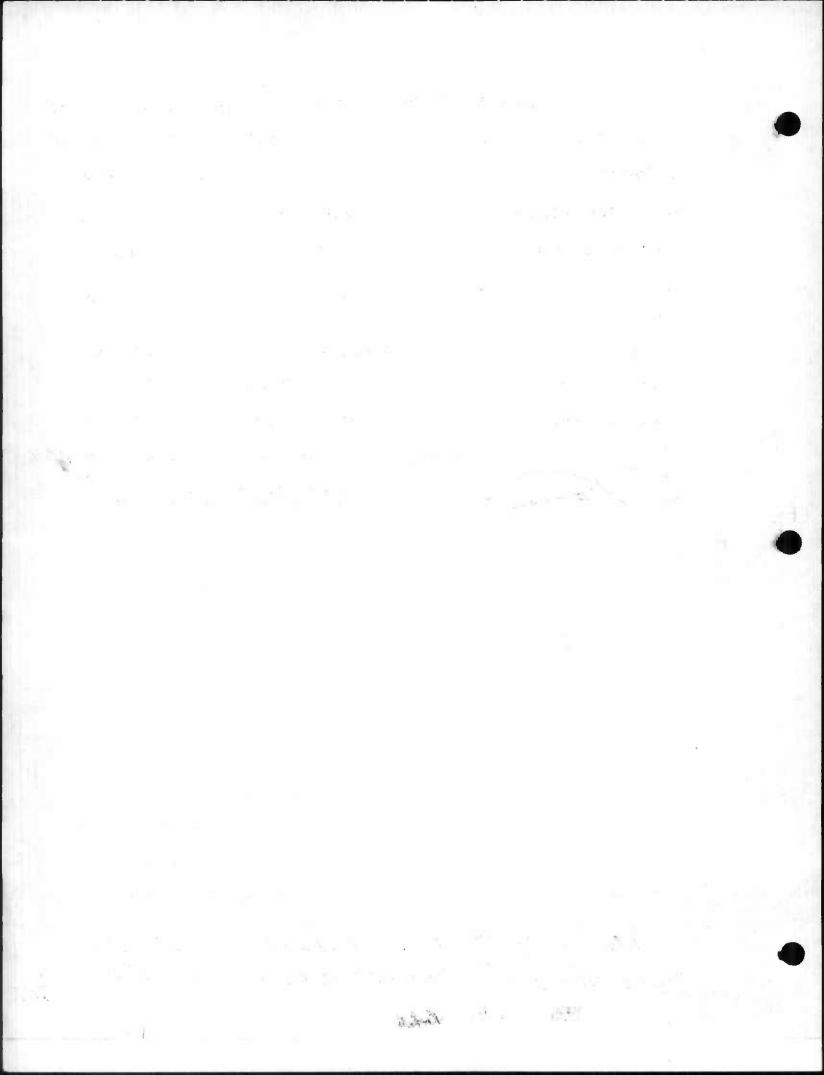
Due to (or es a consequence of):

HUMAN IMMUNODIFFICIENCY VI /Medical Immediate Cause (Finel **Examiner** disease or condition resulting in death) Physician/Medical Examiner The law requires thet the death certificete be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury the buriel-trer P.O. Box 68760, the ettending physiclan hed for use es the burie thet initiated events resulting in death) Last Due to (or as e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to been s 24a. Wes an autopsy performed? completion of cause of death? certificate hes 1 Yes 1 Yes 2 No or Attending Physician: Be 25. Was cese referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 200 No 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27 Menner of Death Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After Natural 5 Pending investigation deeth. 1 Yes 2 No 2 Accident s efter deeth 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours of To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MID person who completed cause of deeth (Item 23e) (Type, Pript)

NAYEEM M.D. 8037 LAUREL LAKES COURT 32. Registrer's Signature 31. Dete filed (Month, Dey, Yeer) State OCT 2 8 199

Registrar



Ple

		se Type or Pri State of M									96	34186
				Cert	ificate	of L	Death			Reg. No.		
1. Decedent's Name (First, Middle,	Last)						Ĭ	2. Date of Dea			3. Time of Death
CLEOLA	BRE	WSTER							Month Oct.	26 1	Yeer 996	7:18 AM
le. Facility Name (If n	ot institution,	give street end number)				4	b. City, Tow	m, or Lo	cation of Deeth		ty of Death	
Suburba	n Hosp	ital					Beth	esda		Mont	gome	CV
5. Social Security Nun	nber		e (In yrs. last b		if Under 1 \		If Under 2	4 Hrs.	8. Date of Birt (Month, De)			place (State or Foreig untry)
578-38-9	597	1 M 2 T F	73	Yrs.	Months L	Days	Hours	Min.		1923		sissippi
Usuel Residence of D									- Cop a v v u	3 - 2 - 2		TOBILPPI
IOa. State 1	0b. County		10c. City, Tov									10d. Inside City Limits
			Was	hing	ton, I	O.C	•,					1 XYes 2 No
0e. Street and Numb	er				10f. Zip Co	ode				10g. Citizen o	What Co	untry?
951 Twen	ty-Fif	th Street, N	.W.		2	200	37			U	.S.A.	
1. Marital Status		12. Was Decedent Armed Forces?		13. We	s Deceden	t of His	spanic Origi	in? (Spe	cify Yes or No-	14. Ra	ca - Amer	Ican indian,
1 Never Married	2 Marrie							r uerto i	moati, etc.)		ack, White	
3 Widowed 4	Divorced	Year or Dates:		11	Yes 25	KIND	Specify:			Spec	ity: Bla	ick
	5. Decadent's	Education grede completed)	168	. Deceder	nt's Usual C	occupa doze d	ition luring most	of world	na	16b. Kind of	Business/l	ndustry
Elementery/Second		College (1-4or	5+)	life. DC	NOT use i	retired))	or workii	'y			
11	,				House	wif	e			Priva	te I	ndustry
7. Father's Name (Fil	rst, Middle, L	est)					18. Mother	's Name	(First, Middle,	Maiden Surne	me)	
Lore	nzo Br	ewster					Ma	ary .	Johnson			
9a. Informant's Nam	e/Relationsh	p (Type, Print)	191	b. Meiling	Address (S	treet e	and Number	or Rura	Route Numbe	r, City or Tow	n, Stete, Z	ip Code)
Willa Bre	ewster	/Sister	9	51 2	25th.8	St.	, N.W.,	, Wa	shingto	n, D.C	20	0037
4 Donation 5	Other (Spe			ny Me		11 1			.30,199 azier F			
WL	1. (4 The	-	389	Rhod	le I	Island		.,NW, W			
23a. Part1. Enter the shock, or heart	disease, pro allure. List o	omplications hat caused ally one cause on each li	d the death. Do ne.	not enter	the mode o	of dying	g, such es c	ardiac o	r respiratory ar	rest,		Approximate Interval Between Onset and Death
mmediate Ceuse (Fir disease or condition resulting in death)	nat	a. Str	Due to (or as a			ne	1/					minater
		17.			,						1	
N		b . ////	2 cr /2								- 1	729-1
equentially list condi eny, leading to imme	ediate	0	Due to (or es e	conseque	nca ot):						1	
ause. Enter Underlyi Ceuse (Disease or inju het Initiated events	ury 👢	C	517 J. C. C.	1111.75							1	
esulting in deeth) Las	st		Due to (or as a	conseque	nca of):						1	
		d				_					1	
											!	
		s contributing to deeth b	ut not resulting I	in the unde	erlying caus	se give	n in Part I.		23b. Did t			to the cause of death
Proir	I Tank	a laro							101	/es 2□ No	3 🗆 Pro	obably 4 Unknow
Reng	/ F	gilaro							24a. Was a	an autopsy med?	a	Vere autopsy findings vellable prior to ompletion of cause f deeth?
									1 🗆 Y	es A No	1	☐Yes 2☐No
5. Was case referred	to medical						26. Plece	of Death	(Check only of	ne)		
examiner?		Hospital:	nt 2 ER/O	utpatient	3□ DOA	Othe	r'		ne 5 Resid		ther (Spec	ify)
7. Manner of Death	5 Pending	28a. Dete of Inju (Month, De	ry. 28b.	Time of Injury		injury Work 1 🗆 Y		2	8d. Describe h			,
Natural 5	investiga											

29c. License number

120519

29d. Date signed (Month, Dey, Year)

Physician **Examiner** Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 2 should be detached for use as the buriat-transit Physician/Medical Be Completed by Medical Certification: To

29b. Signature ofd title of certifier

Director

Funeral

þ

Completed

Be To

Examiner

Physician

/Medical

Examiner

Funeral Director

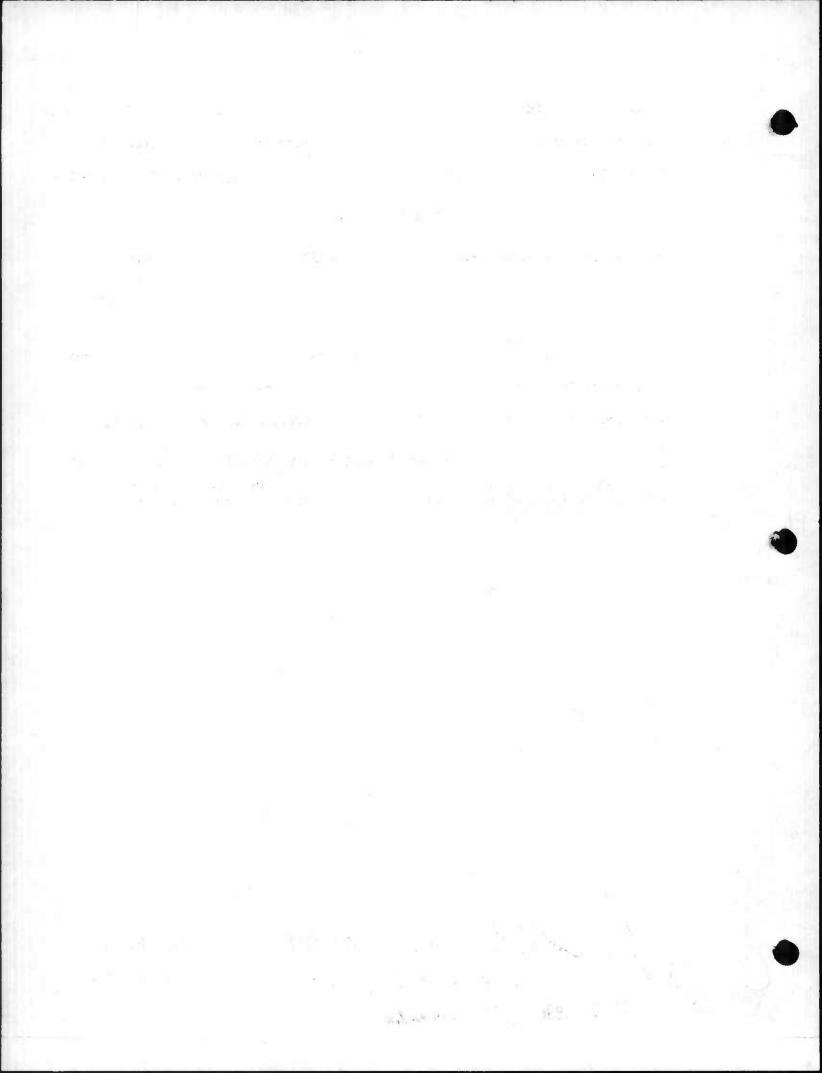
permit Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Moulcal Examinat must be notified at once.

/Medical

Baltimore, Maryland 21215-0020

State Registrar

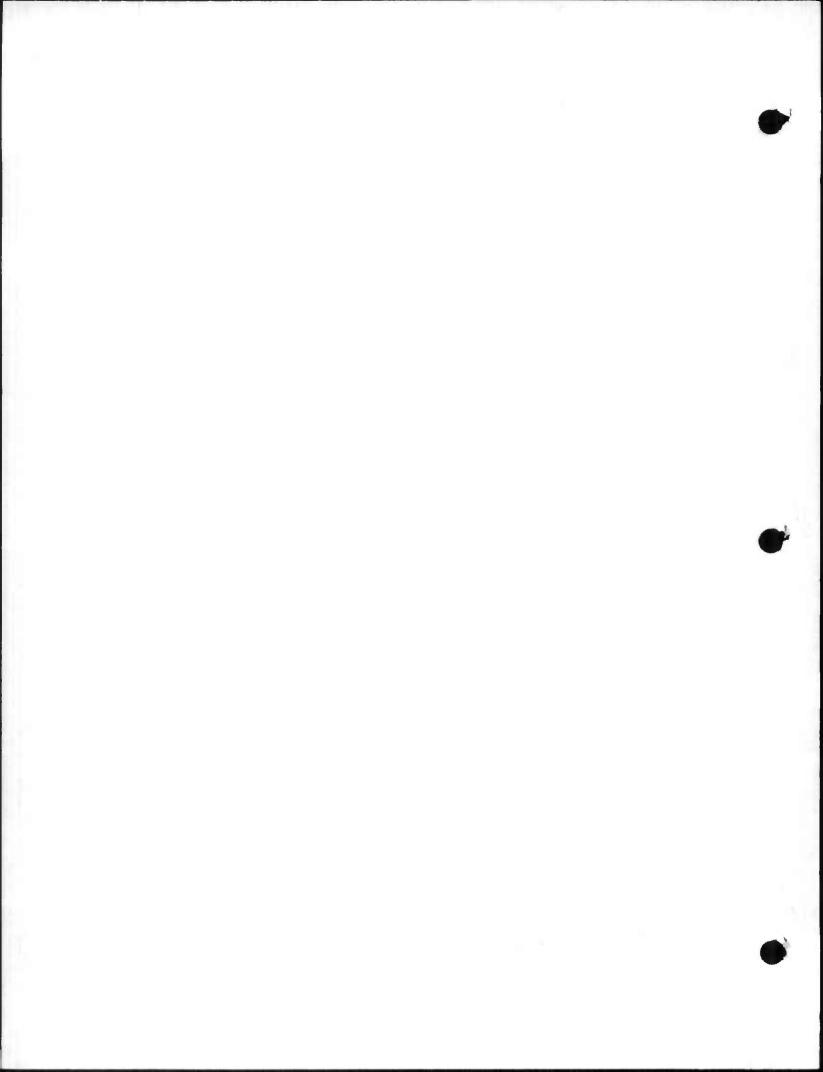
Date filed (Month, Dey, Yeer)
OCT 3 0 1996



DF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyghere prior to burlat, cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAM Charlotte RESIDENCE 10a. STATE Maryland 10a. STREET AND 8645 Lowe 11. MARITAL STAT 1 Never Marrie 3 Widowed 17. FATHER'S NAM Andrew B 19a. INFORMANT'S Dorothy M 20a. METHOD OF 1 [X] Burlal 2 1 4 Donation 5 21. SIGNATION OF
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transfer.	MEDITION. If item 24 is marked, of item 23 shows any injury, of other tradmanc event, the medical examiner must be notified at once. 1 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Ent sho IMMEDIATE CAN disease or con- resulting in det Sequentially lis if smy, leading icause. Enter UI CAUSE (Disease that initiated ex- resulting in det PART II. Other DID TOBA(25. WAS CASE REF EXAMINER? 1 Yes 2 27. MANNER OF DI 2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only one) 2 29b. SIGNATURE A
1/	- 2	30. NAME AND ADI

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	FRTIFICATE	0	E DEAT	THE		DEO	NO

_1	FOR STATE REGISTRAR		STATE OF N					EALTH AND DEATH	MENT	AL HYGIEN			
ŀ	1. DECEDENT'S NAME (First, I	Middle, Last)			1					E OF DEATH			3. TIME OF DEATH
	ROBEA 4. SOCIAL SECURITY NUMBE	<u> </u>	AN S. SEX	DREI	NB	RAT IF UNDER 1	L	EY	7	TOBER		996	5:02 AM
	159-14-9765	- 1	XX M 2 ☐ F	76	YRS.		DAYS	HOURS MIN.	(Moi	e of Birth oth, Day, Year) Lary 2,	1920	Country	PLACE (State or Foreign ngton, Pennsy
	9s. FACILITY NAME (# not inst	titution, give stree	et and number)			9b. CITY,	TOWN 0	R LOCATION OF D		uury 2,		TY OF DE	
E	Charlotte Hall	EDENT	S			Char1					St. M	ary's	County
	Maryland	Charles	County		_	r, rown on fret	LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
н	10e. STREET AND NUMBER					-	101.	ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
1	8645 Lowell Roa							20675				ed Sta merica	
1	11. MARITAL STATUS 1 Never Married 2 X N 3 Widowed 4 Divorce	farried	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W 5/29/42 to	X YES 2 AR OR DATES	NO	H	yes, spe	ENDENT OF HISPA ledity Cuban, Maxico 2 NO Special	an, Puerto	IN? (Specify Yea Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc. : White
	15. DECE (Specify only)	DENT'S EDUCAT	TION mpleted)	16a, C	DECEDENT'S	USUAL OCC	CUPATIO	N at of working	16	b. KIND OF BUS	SINESS/INDU	JSTRY	
	Elementary/Secondary (0-1	12)	College (1-4 or 5+		lle. Do NOT u	se retired.)		•	Ì	Charl	1		
H	17. FATHER'S NAME (First, Mid	Irila I ast)			Shipp	er		40 4407117010 411			Indust	гу	
	Andrew Bradley							Hazel Du		, Middle, Maiden	Surname)		
п	190. INFORMANT'S NAME (7)77 Dorothy Mae Bra		Wife)					nd Number or Rural Pomfret,			n, State, Zip 1675	Code)	
Ш	20a. METHOD OF DISPOSITIO 1	3 - Remove	I from State		EANDDATE			me of	Oct	TE 20c. LO	CATION - C	aton	n, State Pennsylvania
	21. SIGNATURE OF FUNERAL	SERVICE LICEN				22. N/ Wi	AME AN	D ADDRESS OF FA am G. Neal llisonAven	Fune	eral Home			ania 15301
	23. PART I. Enter the dissection of the control of	e	DUE TO	se on each ilr	SPIRGEOUENCE OF	A TOP FI: K		ARRE		diec di lespi	ratory arre		Approximate interval Between Onset and Daath
	PART II. Other significant METASTA: MELLITUS, F DID TOBACCO US	TIC CA	tarethe ENSION,	OF PI	1057	HEM	MA	BETES		24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			CE OF DEAT	TH (Check on							
	1 TYES 2 NO		OSPITAL:	ER/Outnetlant	3 DOA	OTHER:	g Home	5 Residence	6 Oth	er (Specify)			
2	17. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Im	ending veatigation	26a. DATE OF (Month, Da		28b. TIM INJ	E OF 2	8c. INJU WOF 1 Y	RY AT RK? ES 2 NO	28d. DE	SCRIBE HOW I	YJURY OCCI	JRED	
	3 Suicide s Co	ould not be starmined	28s. PLACE Of building, a	INJURY — At h	nome, ferm, s	street, factor	y, office			CATION (Street a or Town, State)	nd Number o	or Rural Ro	ute Number,
2								and place, and due					and menner as stated.
	96. SIGNATURE AND TITLE O	Me		MO				29c. LICENSE NUI			29d, DATE	SIGNED (1	Mongh, Day, Year)
3	FULTON L	UKBAN		E OF DEATH (IT)	EM 27) (Type,	Print)					,	-	
3	1. DATE FILED (Month, Day, 16. UL 1 31 1996		32. REGISTRAN	S SIGNATURE							-		



Please Type or Print in Black Indelibie ink. Assure Ali Copies Are Legible.

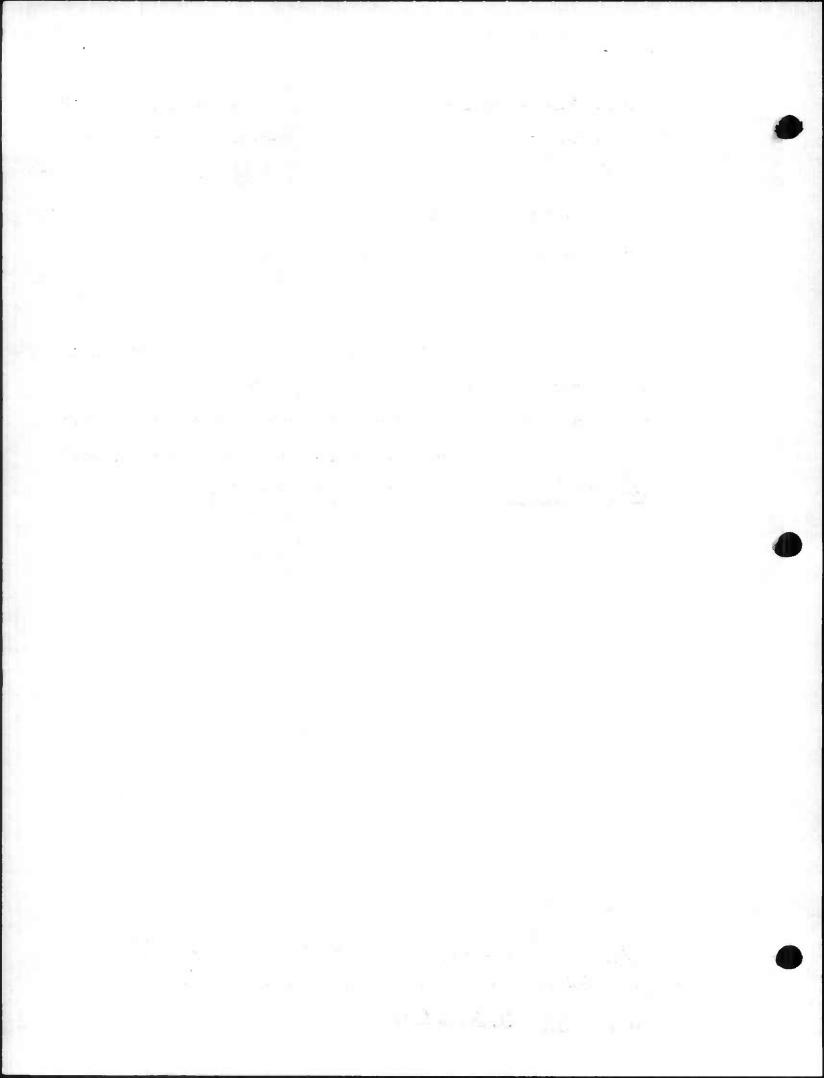
State of Maryland / Department of Health and Mental Hygiene

34188

						Certificate of	Death	Re	eg. No.			
	Physic	ian	1. Decedent's Name (First, Middle, Las					2. Date of Deat	h Dav	Year	3. Time of Death	
E.	/Medi	cal	Arthur Wall		ger		41. Oit . T	Novembe	7	96°	8:15 PM	
7	Exami	ner	4e. Fecility Neme (If not institution, give 5002 Maple Dam	Road			4b. City, Town, or Cambr	idge		rchester		
	Funeral Director		210 34 0340	7. Age (In	yrs. last birtl 45 Y				1951	9. Birthpi Count	dace (State or Foreign try) Maryland	
	Marylend H show	tor	Usuel Residence of Decedent 10a. State 10b. County MD Dorchest		. City, Town Cam	or Location bridge				10	0d. Inside City Limits 1 ☐ Yes 2 ☐ No	
	th with the 23a or 28a	Funeral Director	10e. Street and Number 5002 Maple Dam 1	Road		10f. Zip Code 2161.	3	1	0g. Citizen of W		iry?	
020	filed within 72 hours efter death with the Maryland hygiene. ther than "natural", or items 23a or 28a-1 show ther, the Medical Examiner must be notived at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 Yes 2 1 No If Yes, Give Year or Dates:	In U,S.	13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☒ No	ben, Mexican, Puert	pecify Yes or No- o Rican, etc.)		e - America k, White, e Wh		
Maryland 21215-0020	filed within 72 ho Hygiene. rther than "natur ent, the Medical	Completed	15. Decedent's Edu (Specify only highest gred Elementary/Secondary (0-12)	cation fe completed) Coilege (1-4or 5+)		Decedent's Usual Occu (Give kind of work done life. DO NOT use retin eet Metal	e during most of wor ed)	rking	16b. Kind of Bu		uring	
and	S la b	To Be Co	17. Father's Name (First, Middle, Last) Arthur Webster	Bomberger		****		me (First, Middle, M		Θ)		
	the tra	-	19a. informant's Name/Relationship (7) Betty Ann Bomber			Malling Address (Stree						
Baltimore,	permit. Peges 1 and 2 Department of Health Important: If Item 27 I any Injury or other tra		20a. Method of Disposition 1	Removal from Stete	cemetery	Disposition (Name of comments), crematory or other plants of Memoria	ace) ial Park		Cambric		wn, State Maryland	
Balti	permit. Departm Importa		21. Signature of Fineral Service Licensee 22. Name and Address of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland									
	Physician /Medicai Examiner	ı	23a. Pan Enter the disease, or compleshed or heart failure. List only of Immediate Cause (Final disease or condition resulting in death)	Self I	v Flie	ot enter the mode of dy	ring, such es cardied	or respiretory erre	est,	į	21613 Approximete interval Between Onset end Death	
x 68760,	eath certificete be executed ettending physician and for use es the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	c		onsequence of):				1		
P.O. Bo	the d	Physician/	Part II. Other eignificant conditions con	ntributing to death but not	resulting In	the underlying cause g	iven in Part I.	23b. Did to	100		the cause of death?	
of Vital Records,	s been sign s should be	Completed by						24e. Wes an		con	ore eutopsy findings nilable prior to npletion of cause deeth?	
ř	The ate h	Com						1□Ye	s 2 0 No	1□	Yes 2□ No	
VII	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	lospital:				ath (Check only on	θ)			
	5 00 0	. To	1 2 Yes 2 No 27. Manner of Death	1 ☐ inpatient 28a. Date of injury	2 ER/Outp 28b. Ti	Datient 3LI DOA	ther: 4 Nursing H	lome 5 Reside	nca 6 Othe)	
Division	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	Certification:	1 Natural 5 Pending investigation 3 Subscribe 6 Could not be	(Month, Day Yea	r) Inj	jury Wo	Yes 2 No	28f. Location (St.			I Route Number	
2	Hospital or A 24 hours after Funeral Dire stely filled in b	-	4 Homicide determined 29e. Certifier 1 Certifying Physics	building, etc. (Sp	ecify)			City or Town	, Stete)			
	To the Hospital within 24 hours of To the Funeral I completely filled	edical		ner: On the basis of exame and manner stated.	nination and	or investigation, in my	opinion, death occu	rred at the time, de	ete end plece, a	ind due to	the cause(s)	
	To the within 2 To the comple	X	29b. Signature end title of certifier	7,	d):		se number		od. Date signed	(Month, E	Day, Year)	
			30. Name and address of person who co	ompleted cause of death ((item 23a) (T	ype, Print)	0638 bek ma	0 1	2	, See		
	01-		31. Date filed (Month, Day, Year)	32. Registrar's S	_Oll fil	C Music	1010	0169	2			

Registrar

NOV 6 1996 Julia Studien Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

		1. Decedant's Name (First, Middle, Las	t)			2. Date of Deal		3. Time of Death
Physic /Medi		MARY LOU		CARPENTER		NOVEMBEI		Year 10:00 Al
Exami	ner	4a. Facility Name (If not institution, give			4b. City, Town, or L		4c. County o	t Death
		3880 CRESTWOOD PLA 5. Social Security Number 6. Se		s. last hirthday) If Under 1	INDIAN I	IEAD	CHA	RLES
, Funerai Director			7. Age (in yis		Days Hours Min.	8. Date of Birth (Month, Dey Jan. 19	, 1925	9. Birthplace (State or Foreign Country), Washington DC
death with the Maryland ms 23a or 28a-f show		10a. State 10b. County	10c. C	City, Town or Location				10d. Inside City Limits
r 28a-f show	Funeral Director	MARYLAND CHARL	ES IN	IDIAN HEAD				1 ☐ Yes 2 No
Nith II	Dire	10e. Street and Number		10f. Zip C	code	1	0g. Citizen of Wi	nat Country?
ns 23a	era	3880 CRESTWOOD PL	ACE 12. Was Decedent Ever In	II S 13 Was Decede	20640 nt of Hispanic Origin? (Sp	point Voc or No	UNITED	STATES - American Indian,
or its	by	1 □ Never Married 200 Married 3 □ Widowed 4 □ Divorced	Armed Forces? 1 Yes 2 No It Yes, Give Year or Dates:		y Cuben, Mexican, Puerto	Rican, etc.)	Black Specify:	WHITE
	eted	15. Decedent's Edi (Spacify only highest gred		16a. Decedent's Usual	Occupation	ina	16b. Kind of Bus	
s i end a should be lined within 72 in Health end Mentel Hygiene. fem 27 is marked other than "natur other traumetic event, the Medical	Completed	Elemantary/Secondary (0-12)	Collaga (1-4or 5+)	life. DO NOT use	done during most of work retired) Wife	rg	Hom	е
d off	Be	17. Father's Name (First, Middle, Lest)			18. Mother's Nam)
marked o	ဥ	Leo A. Gosnell				Underwo		
Health end Health end em 27 is m other traum		19a. Informant's Name/Relationship (T) George A. carpent	er	3880 Crest	Street end Number or Run Cwood Place,			
nent of Hez int: if item iry or othe		20a. Mathod of Disposition 1 ABurial 2 Cramation 3 4 Donation 5 Other (Specify)	Domousel from Ctate	Place of Disposition (Nema cematary, cremetory or oth Trinity Memor	ar place)			rf, MD
Department of important: if it any injury or once.		21. Signature of Emeral Service Livens	TIL Lord Pul	Wuntt F	Addrass of Facility Funeral Home	dorf M	20604-	0156
hysician		Ben Jamen Matt 23a. Part 1. Enter the disease, or comp shock, or heart tailure. List only o	lications that caused the dea ne cause on each line.	ath. Do not enter the mode	ot dying, such as cardiac	or respiretory erre	9 20004- est,	Approximata Intervel Between Onset and Death
/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e. Myo Cardi	of infarct	ou			12 hours
attending physicien end for use es the bunel-transit	ian/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due to (or as a consequence of):	ary artery	disease		yours
e ette		Part II. Other significant conditions con	ntributing to death but not re	sulting in the underlying cau	se given in Part I	23h Did to	bacco use cont	ribute to the cause of death?
	by Physi	Smokes	inibuting to doubt but not to	outing in the underlying cau	se given in Part I.			Probably 4 Unknown
s been s 2 should	Completed t	treated hypertans				24a. Was ar perform		24b. Ware autopsy tindings eveileble prior to completion of cause of death?
pag	S					1□ Ye	s 2 X No	1 ☐ Yes 2 ☐ No
certificate rector, pag	Be	25. Was case raterred to medical examiner?	lospital:		26. Placa of Deat			
this aldi	. To	1 ☐ Yes 2 ☐ No 27. Manner of Daath	1 ☐ Inpatient 2☐ 28a. Date of Injury	☐ ER/Outpetient 3☐ DOA 28b. Time of 28c		me 5 A Reside 28d. Describe ho		1-1-17
or death. octor: After by the funer	Certification:	1 Natural 5 Panding 2 Accident investigation 3 Suicide 6 Could not be	(Month, Dey Year)	М	. Injury at Work? 1 ☐ Yes 2 ☐ No			
분하드	Certif	4 ☐ Homicide determined	28e. Placa of Injury - At h building, etc. (Speci	nome, tarm, street, factory, o	ffica	281. Location (Sti City or Town	reet end Number , Steta)	or Rural Route Number,
24 hours Funeral stely filled	edical	one) 2 Medical Exami	nicien: To the best of my kno ner: On the basis of examina and manner stated.	owledga, daath occurred at ation and/or investigation, in	tha time, data and place, my opinion, daath occurr	and dua to tha ca red at the time, da	use(s) and manr ite and place, an	nar as stated. d due to the cause(s)
within To the comple	ž	29b. Signature and title of cartifier		29c. L	icense number	29	d. Date signed	(Month, Dev. Year)

NOV 0 6 1996

Julia Stevilson Rardall

DHMH 16 Rev 6/95

Registrar

11/4/96

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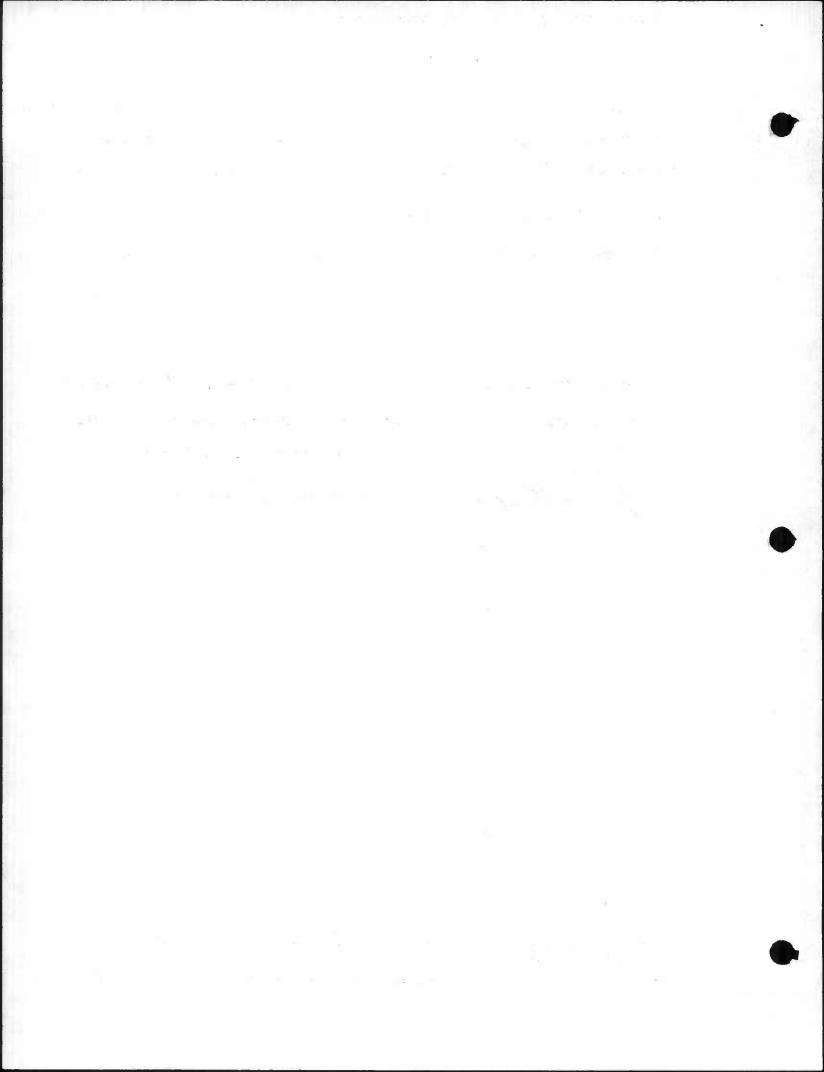
AMENDED #18, 11/4/96, B.P., WORCESTER CO. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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				yran yran isa	Certificate		,	Reg. No.		74170
	Physici	an	Decedant's Nama (First, Middla, Last)				2. Data of Da Month	ath Day	Yaar	3. Tima of Death
	/Medi		JOHN WESLEY CARTE	R			11	1	96	11:30 A
j-	Examir	ner	4a. Facility Nama (If not Institution, giva street and number	or)		4b. City, Town, or			11/1/2	
		м	7454 Worcester Highway		WH. J. A.	Newa			cester	
	Funeral Director		5. Social Sacurity Number 216-14-2061 6. Sax M 2 F	Aga (In yrs. last	birthday) If Under 1 Your Months Da	aar If Undar 24 Hrs lys Hours Min.		th y, Year)	9. Birthplac Country	N J
	and war		10a. Stata 10b. County	10c. City, T	own or Location				10d.	. Insida City Limits
	Mary	ō	MD Worcester	N	ewark				1.55	1 ☐ Yas 🎗 ☐ No
	the	Director	10e. Street and Numbar		10f. Zip Coo	la		10g. Citizan of	What Country	?
	3a o	D	7454 Worcester Highway	,		21841		US		
	deati	Funeral	11. Marital Status 12. Was Decedar	nt Evar in U.S.	13. Was Decedant	of Hispanic Origin? (S Cuban, Maxican, Puan	pecify Yas or No		ce - Amarican	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, its Medical Examinat must be notified at ODGe.	by Fu	1 ☐ Navar Marriad → Marriad 1X Yas 2 ☐ If Yas, Giva Yaar or Data:	No	1 ☐ Yas 2 💢		o Hican, atc.)		ck, Whita, atc y: white	
Ö	2 ho	Completed	15. Decedant's Education	1	6a. Decedant's Usual Oc	cupation		16b. Kind of B	usinass/Indus	itry
215	thin 7	pje	(Specify only highast grada complated) Elementary/Secondary (0-12) Collega (1-4o	r 5+)	 Decedant's Usual Oc (Giva kind of work do lifa. DO NOT usa re 	ona during most of wo stired)	rking			
7	od wil	Con	2		Machinist			Air F	orce	
Maryland	a oth	Be (17. Fathar's Nama (First, Middla, Last)			18. Mothar's Na	ma (First, Middla,	/	,	1
Z	Meni Meni Meni Meni Meni Meni Meni Meni	To	Theodore Nelson Carter	· ·		Mary	Steaphe	n (Mar	y Steph	nen)
Ja	2 sh and ls m		19a. Informant's Name/Ralationship (Type, Print)	1	19b. Malling Addrass (St.	raat and Number or Re	ural Routa Numbe	er, City or Town	Stata, Zip Co	oda)
	end lealth m 27 her to		Isabell M. Carter		7454 Worce					841
0	I of H		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ Removal from State	cema	of Disposition (Nama o atary, crematory or other	place)	Data	20c. Location		
E	men tant: tury		4 ☐ Donation 5 ☐ Othar (Specify)	Cap	e Henlopen	Cremator	y 11/2/9	6 Frank	ctord,	DE
Baltimore,	Depar Impor any In		21. Signature of Funaral Saprice Licensaa		22. Nama and Ad	Billiams St.	urbage		Home	
	_		23a. Part 1. Entai tha disease, or complications that cau shock, or heart failure. List only one cause on ae	ed tha death. I					Ar	pproximata
8	Physician	15.5	shock, or heart fattura/ List only one cause on each	lina.					In O	tarval Between nsat and Death
2	/Medical		Immediata Causa (Final disaasa or condition			- 4/5-03			70	
3	Examiner		rasulting in death) a. Guivs		a consaquance of):	D HEAD			Lak	NED LATELY
	D 5	ner		200 10 (01 00	a condaquanoo or,				1	
	erute ind trans	ami	Sequentially list conditions,	Dua to (or as	a consequance of):					
Ď,	e axe lan a urial-	Ë	Sequentially list conditions, if any, laading to immadiate cause. Entar Undarfying Cause (Disaasa or Injury c.						į	
68760,	eath certificete be assecuted attending physician and for use as the bunal-transit	edicai Examiner	that initiated evants rasulting in death) Last	Dua to (or as	a consequance of):				1	
	ing p	100	d						1	
X P P	the death cer y the attendin sched for use	Physiclan/N	- u.							
o.	t the de by the a	sic	Part II. Other significant conditions contributing to death	but not rasultin	g in the underlying cause	givan in Part I.	23b. Did 1	lobacco use co	ntribute to th	e cause of death?
7.	d by						10	Yee 2 No	3 Probab	oly 4 Unknown
Š,	requires that been signed b hould be dete	by								
cords,		etec						an autopsy med?	availa	autopsy findings bla prior to letion of cause
e L	sicien: The law certificata has b lirector, page 2 s	Completed					101	ras 2 No	of das	ath? ′as 2□ No
Vitai	en: tifica tor, p	BeC	25. Was casa rafarred to medical			28. Place of Day	ath (Check only o		12:	40 20 110
>	Physicien: r this certific and director,	To	axaminar? 1 Yas 2 No Hospital: 1 Inpa	tiant 2 ER/	Outpatient 3 DOA	Other	loma 5,⊠Rasio		ar (Specify)	
100	ding Phys h. After this funeral di		27. Mannar of Death 28a. Data of In	jury 281		njury at Work?	28d. Dascribe I	now Injury occur	red	
0	Attending or death. actor: After by the fune	atlo	2 Accidant Invastigation	-		I Yas 2 MNo	GUNEHO	(5H07	HEAD	
DIVISION	I or Attendate deat Director:	Certification:	4 Li Homicida building, a	atc. (Specify)	, farm, straat, factory, off	Ce	28f. Location (5 City or Tox	Street and Numb vn, Stata)	per or Rural R	outa Number,
_	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Certifiar (Check only 2 Medical Examiner: On tha basis		iga, daath occurred at th	a tima, data and place				
	the F the F	fed	one) and mannar	statad.						
	To	Σ	29b. Signature and titla of certifiar	/ 4		ansa number		29d. Data signe		v. Year)
		6	Sofethy C. Hofworth,	M.S.	4	06241		11-1.	76	
		7	30. Nama and address of person who complated causa of Do ZO 7714 HO IZWO Z7	daath (Itam 23	a) (Type, Print)	SNOW.	57, SA	DW HK	4 MB.	21763
			31 Data filed (Month Day Year) 22 Pagis							

State Registrar

31. Data filed (Month, Day, Yaar) NOV 0 4 1996 32. Registrar's Signatura



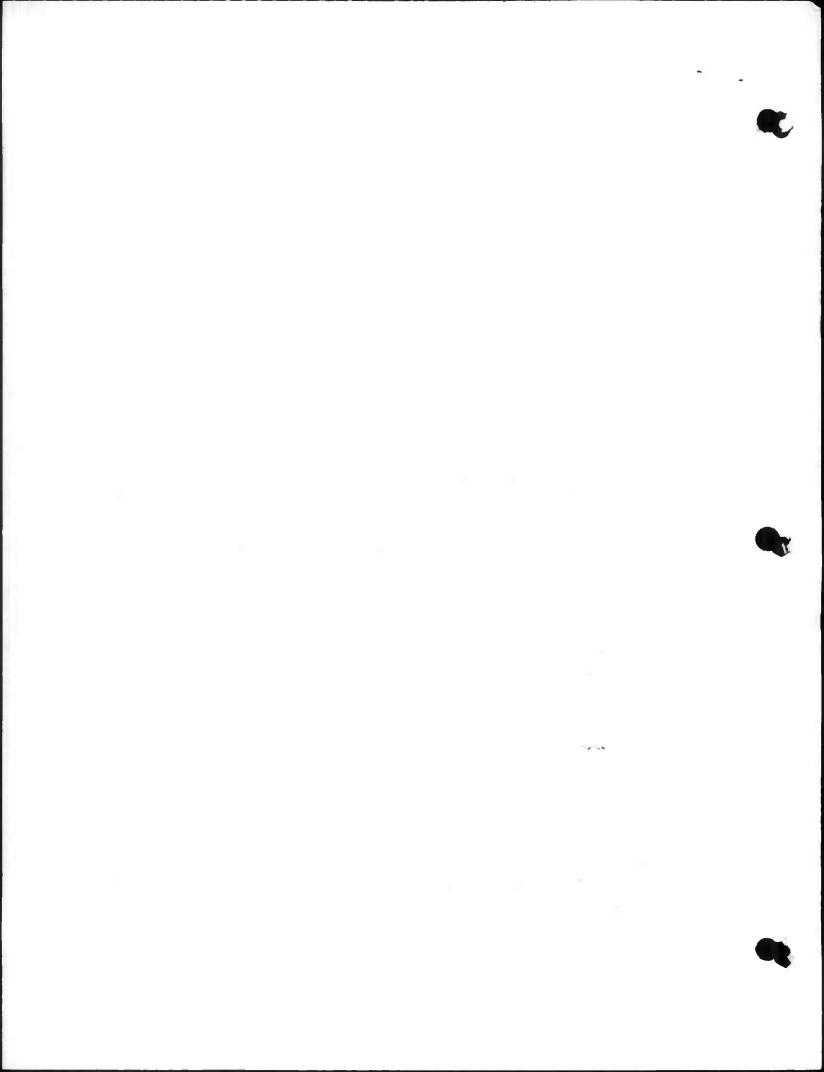
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.													
1. DECEDENT'S NAME (First, Middle	MADY TOIL		CALLAWAY 2. DATE OF DEATH NOVEMBER 5,							Y _ 1	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		IARY LOU		yrs. last birthday) F UNDER			1 YEAR IF UNDER 24 HRS.			E OF BIRTH			1:52 P.M _M
210-26-7770			66 YRS. MON			DAYS				nth, Day, Year)		Country)	ngton, PA
Oo. FACILITY NAME (# not institution University (of Mar		d. Ctı	Baltimore 8c. COUNTY OF DEATH Baltimore 8c. COUNTY OF DEATH Baltimore						ATH			
RESIDENCE OF DECEDE 10a, STATE 10b.	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					11	IOd. INSIDE CITY
										LIMITS?			
55 South Second Street 17201 U.S.A.											AT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merrie 3 Wildowed 4 Divorced		WAS DECEDENT EV. FORCES? 1 1 1	ES 2 X								White, etc.		
15. DECEDENT (Specify only higher Elementary/Secondery (0-12)	at grade comp		(G life.	CEDENT'S live kind of t . Do NOT us	work done se retired.)	CCUPATIO during mo	ON at of workin	ng .		5b. KIND OF BUS			
8th 17. FATHER'S NAME (First, Middle, L	anti		Co	Co-Owner Furniture Store 18. MOTHER'S NAME (First, Middle, Meiden Surname)								core	
Harry J. W	Vest									inia Gr		h	
The state of the s	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RD #1 Box 206 AA, Hedgesville, WV 25427											27	
20e. METHOD OF DISPOSITION 1 □ Burlei 2 ☑ Cremation 3	X Removal		20b. PLACE /	AND DATE	OF DISPOS	SITION /Na	ma of			TE 20c. LO	CATION — C		
	Cunberland Valley Crematorium Waynesboro, PA 17268 22. NAME AND ADDRESS OF FACILITY Grove Funeral Home, Inc.												
23. PART I. Enter the diseese shock, or heart for	e, or comp	olicetions thet ceu	sed the de	ath. Do r									Approximata
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	Metabol	ic Aci	idosi									Intervel Batween Onset and Death
	b	Ischemi			F):								1-2°
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING		DUE TO (OR AS A CONSEQUENCE OF): Systemic Vascular Disease									long town		
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	1 • _	DUE TO (OR AS A CONSEQUENCE DF):										long term	
o means hours	d												
PART II. Other eignificant con		Vascular			In the ur	nderlylng	r ceuse (lven in	Part I.	24a. WAS AN A PERFORM	MED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE C	ONTRIBL	JTE TO CAUSE	OF DFA	TH YE	S 🗆 I	NO F	LUNC	ERTAII				1	YES 2 NO
25. WAS CASE REFERRED TO MED	ICAL	SPITAL:		E OF DEA		only one)	Onto		, X				
EXAMINER? VI 1 YES 2 A NO		XInpetient 2 ☐ ER/		DOA 28b. TIM	4 🗆 Nur			sidenca		ner (Specify)			
1 Natural 5 Pendin 2 Accident Investig		(Month, Day, Ye	ar)	INJ	URY M	WO	RK? ES 2	NO	28d. DESCRIBE HOW INJURY OCCURED			IRED	
3 Suicide 8 Could 4 Homicide determ		28e. PLACE OF INJ building, etc. (URY — At ha Specify)	me, farm, s	street, fact	lory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
29c. LICENSE NUMBER 68457 29d. DATE SIGNED (Morith, Day, Year) 11/5/96													
Emily Fontane,	он wно со М. D.	MPLETED CAUSE OF Univ	DEATH (ITE	м 27) (Туро, Ly of	Print) Mar	ylar	nd Me	dica	al S	ystems			
NOV 0 8 1													





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State of Maryland / Department of Health and Mental Hygiene

34		9	2	
3. Time	of E	eeth		

Physician /Medical **Examiner**

Funeral

the Maryland man be notified at death with Hems 2 The Medical Examiner

Pages 1 and 2 should be filed within 72 hours efter ment of Health and Mental Hygione. ant! if item 27 is marked other than "natural; or ite ury or other traumatic event, in Mental Earth in ury or other traumatic event, in Mental Earth in ury or other traumatic event, in Mental Earth in ury or other traumatic event, in Mental Earth in ury or other traumatic event, in Mental Earth in ury or other traumatic event, in Mental Earth in ury expectations. permit. Pages 1 end 2 s Department of Health er Important: If item 27 is any injury or other trau

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

The lew requires that the deeth certificete be executed the buriel-trans and Box 68760. ettending physician USB BS isigned by the et id be deteched fo P.O. Records, certificate hes Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifical completely filled in by the funeral director;

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month Myrtle Cooper October 24, 1996 4a. Facility Neme (If not institution, giva straet end number) 4b. City, Town, or Location of Deeth 4c. County of Death Howard 9325 Kenbrooke Court Laurel 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplaca (Stete or Foraign Country) Days Hours 1 □ M 2 🕅 E 577-40-5966 87 Yrs. Director June 25 1909 Maine Usuel Residence of Decedent 10a. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits Maryland Howard Laurel Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9325 Kenbrooke Court 20723 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes Z Z No If Yes, Give Yeer or Detas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married White 1 ☐ Yes ŽENo Specify: by 3/2 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) Decedent's Usuel Occupetion (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Registered Nurse Health Care 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be V. H. Bryer Lottie B. Grant 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Diane Sauber Daughter 9325 Kenbrooke Ct. Laurel, Maryland 20723 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State Ft. Lincoln Cemetery 10-28-96 Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of FecilityFt. Lincoln F.H. Inc. 21. Signature of Funeral Service Licensee rans 3401 Bladensburg Rd. Brentwood, Md. 24a Perf. Enter the disaesa, or complications that ceused the death. Do not anter the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Finel disease or condition resulting in deeth) CDR Pulmonale Years Due to (or es e consequence of): Chronic Obstructive Pulmonary Disease Years Sequentielly list conditions, if any, leading to Immadiate cause. Enter Underlying Couse (Diseese or injury that initiated avants resulting in deeth) Lest Dua to (or as e consequence of): Physician/Medical Dua to (or es a consequence of) Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cardiomyopathy, Supraventricular Tachycardia þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en autopsy performed? Ventricular Arrythmia, Hypoxemia 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medice 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Homa 5 ☑ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 X Naturel 5 Pending investigation 1 Yes 2 No 2 Accidant 3 Suicida 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

[2] Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the order. Medicai ninar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) end manner steted. 29b. Signature 29c. License number 29d. Data signed (Month, Dey, Year) D24035 10-25-96 30. Name end address of person who completed ceuse of deeth (Item 23a) (Type, Print) Eugenio S. Machado, MD 321 Prince George St. Laurel Md. 20707 31. Dete filed (Month, Dey, Year)
OCT 2 8 1996 State Registrar's Signeture Registrar

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Deeth **Physician** Month Cora Lee Cooper Oct 23,1996 /Medical 7:30pm4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Magnolia Nursing Home Lanham Prince George If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Aga (In yrs. last birthdey) Birthpiaca (Steta or Foreign Country) **Funeral** 1□ M 2√√ 241-62-6614 86 Yrs Director June 6,1910 Nash N.C. Usuel Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Medical Examiner must be notified as Director MD Prince George Mas 2 □ No Lanham 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 8200 Good Luck Rd 20706 USA Funeral deeth 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 [Ž]No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, permit. Pages 1 and 2 should be filed within 72 hours effer d. Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or frem any injury or other traumatic event, the Medical Evant Bleck, White, etc. 1 ☐ Navar Merried 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No þ Specify: Black 3 AWidowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife 10 Domestic 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Isaac Battle Mamie Davis 19e, Informent's Neme/Reletionship (Type, Print) Eddie Mae Cooper 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4807 Addison Rd Capital Hgts Md 20743 20b. Place of Disposition (Neme of cematary, cremetory or othar piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremation 3 ☐ Removel from Stata Oakland cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Oct 27,1996 Nashville NC 22. Name and Addrass of Facility
Aaman Funeral Service 21. Signature of Fuperal Service Lice 1601 Kenilworth Ave NE Wash DC 20019 or camplications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, let only one cause on each line. Approximeta Intarval Between Onset end Death diseas **Physician** /Medical Immediate of se (Final disease or of dition resulting in deeth) Cellulitis Examiner 1 Day Due to (or es e consequence of): Examiner Hypertension ettending physician and for use es the burial-transit that the death certificate be executed years Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last vears P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): signed by the ette Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Dementia Division of Vital Records, þ been si 24b. Wara autopsy findings avelleble prior to completion of cause of deeth? Completed 24e. Was an autopsy has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☑ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifics completely filled in by the funeral director, 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how injury occurred Weturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) 29a. Certifier Medical and mannar stated. 29b. Signatura and title of certifian 29c. Licanse number 29d. Date signed (Month, Dey, Yeer) D28998 Oct 24,1996 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Pritan S Saini MD 9101 Cherry Lane #211 Laurel MD 20708 31. Date filed (Month, Dey, Yeer) 32 Registrar's Signetura State

DHMH 16 Rev 6/95

Registrar

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the washing

10 0/10 1. Decedent's Neme (First, Middle, Last) **Physician** AMES /Medical 4a. Fecility Neme (if not institution, give street and number **Examiner** HOLY CROSS HOSPITAL 6. Sex 1 M 2 □ F If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer 7. Age (in yrs. last birthday) **Funeral** Months Devs Yrs Director 577-60-1109 88 Sept 14, 1908 Washington, DC Usuel Residence of Decedent pemit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland Depertment of Health end Mental Hygiene. Introportant: If Item 27 is marked other than "natural", or Items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notified encounted. 10e. Sieie 10b. County 10c. City, Town or Location Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1131 University Blvd West #1215 20901 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American indien, Bieck, White, etc. 1 ☐ Yes 2 XNo if Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No þ Specify: Black 3 Nidowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) U.S. Government Special Agent F.B.I. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) John E. Crawford Emma Black 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Margaret C. Brown (Daughter) 124 Quackenbos St., N.W. Washington, D.C. 20011 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 10/29/96 Landover, Maryland 4 ☐ Donation 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro PIke, Forestville, Md 20747 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause of each line. Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical OBSTRUCTIVE LUNG DISEASE Examiner Examiner DETHYDRATION Due to (or es e consequence of):

physician and the buriel-transit 98 USB signed by the a d be deteched f

pege 2 s certificate funeral director, After this

that the death certificate be executed Division of Vital Records, P.O. Box 68760, or Attending Physician: 24 hours after deeth. filled in by Hospital

Physician/Medical þ Completed Be

2 Certification:

Medical To the Hosp within 24 ho To the Fune completely f State Registrar

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest

25. Wes case referred to medical

29b. Signature and title of certifier

5 Pending investigation

6 Could not be detarmined

1 Yes 2 No

27. Menner of Death

1 Naturai

2 Accident

3 ☐ Suicide

29a. Certifier (Check only one)

4 Homicide

Due to (or es e consequence of)

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

Huemia Leucocytosis.

Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of injury 28c. injury at Work?

28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end menner as steted.

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner steted.

24 No

24e. Wes an eutopsy performed?

28d. Describe how injury occurred

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

26. Piece of Deeth (Check only one)

29c. License number

1 Yes 2 No

October 22, 1996

29d. Dete signed (Month, Dey, Year)

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Winknown

10d, Inside City Limits 1 XYes 2 No

Approximete intervel Between Onset end Deeth

24b. Were autopsy findings aveileble prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

30. Name end address of person who completed cause of deeth (item 23a) (Type, Print)

Edmonston Dr. Rockville Mp 20852 SOW TREHAN

31. Dete filed (Month, Day, Year) OCT 2 9 1996

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scords,	w requires that s been signed b 2 should be deta	oleted by									24a. Wes perfor	an eutopsy med?	av.	eilable j	n of cause								
P.O. E	y the	Physici	Pert II. Other eignificant conditio	ns contributing to death be	ut not resu	ulting in the u	nderlying o	ause giv	van in Pert I.			obacco use co /es 2 No											
x 687	eath certificate attending phys I for use as the	Physician/Medica	that initiated events resulting in death) Last	-	to (or as a consequenca of): Cancer								4	yrs									
	ite be executed ystcian and ne burial-transit	cal Exan	Sequantielly list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury		Due to (or as e consequence of): c. Carcinomatosis							1	4	yrs									
		Examiner	resulting in deeth)		Due to (or es a consequenca of): Pneumonitis								1	22	days								
	Physician /Medical Examiner												Pert1. Entar the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition Sepsis									Intervi	and Death days
Ba	Depa Impo		Ralph Williams Funeral Service 517 11th Street, SE; Wash., D. C.										Appro	ximata									
itimo	artment of Hortant: If ite		1 d Buriei 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp. 21. Signature of Junerei Service I	pecify)		Maryland National Oct.24,1996 L								aurel, Md.									
re, M	r 1 and 2 r Health tem 27 is		Yvonne Coles 20e. Method of Disposition	(Daughte:	20b. P	4401 Covington Street, Suitlar Place of Disposition (Nema of Jamestery, cremetory or other place) Date 20c. Location							nd, Md. 20746										
aryi	should and Me a mark sumation	L L	19e. informent's Neme/Reletions			19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code)								0746									
and	and be file	Be	17. Fathar's Name (First, Middla, Ernest (Unk		18. Mother's Neme (First, Middla, Meiden Surnema) Della Hendrix							ma)											
Baitimore, Maryiand 21215-0020	od within 72 giene. er than "nei r re Medic.	Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12) 12th	it grede completed)	mpleted) College (1-4or 5+)			Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Maintenance						American Indian, White, etc. Black ess/Industry Industry									
-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 ia marked other than "natural", or Itema 23a or 28a-f show any Injury or other traumatic event, the Medical Evarriest must be notified at once.	d by Funeral	11. Marital Status 1 Nevar Married 2 Merri 3 M Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give X Year or Detes:	1 ☐ Yes 2 ☐ No If Yes, Give A Yaar or Detes:		If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 □ Yes 2 □ No Specify: Specify:						ck, White, y: B1										
46.75	ath with the 123e or 2	rai Dire	10e. Street end Number 4401 Covingt		10f. Zip Code 10g. Citizen of Whe US							Whet Cour USA	itry?										
	e Marylar 8a-f show	Director	Md. Princ	e Georges		y.Town or Lo uitla							1	1112	ida City Limits]Yes 2□ No								
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_	Funeral		SOUTHERN MARY 5. Social Security Number	6. Sex 7. Ag		last birthday)	If Unda	r 1 Yaar	CLIN		Date of Birt	PRINCI			State or Foraign								
Ò	/Medic Examin		4a. Fecility Neme (If not institution				-		4b. City, To	wn, or Locat	ion of Deeth	4c. County	of Deeth										
	Physicia		Flizabeth M Coles October 77,1996										1996		30 pm								
			Decedent's Name (First, Middle)	o footh		Ce	rtificat	e of	Death			Reg. No.		T = =	me of Death								
			i lou	State of M		d / Depa	artmer	t of I	lealth a			giene 9		34	195								

Division of Vitai Re To the Hospital or Attending Physician: The law within 24 hours after death.

To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2

Comp Be Certification: To

25. Wes case referred to medical axaminer?
1 ☐ Yes 2 ☐ No

27. Mennar of Death 1 Naturel 5 Pending Invastigation 2 Accident 3 Suicida

6 Could not be determined 4 Homicide

Hospitel: 14 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year)

28b. Time of injury

28c. Injury et Work?

1 ☐ Yas 2 ☐ No 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

26. Placa of Deeth (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one) The continuous physician: To the best of my knowledge, death occurred et tha time, dete and place, end due to the ceuse(s) end menner as stated.

2 Medical Examinar: On the basis of examinelion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifie

29c. License number D29646 29d. Data signed (Month, Dey, Year) 10-18-96

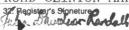
1 ☐ Yes 27 No

30. Neme end oddress of person who completed cause of deeth (Item 23e) (Type, Print)

7503 SURRATTS ROAD CLINTON MARYLAND 20735 31. Dete filed (Month, Dey, Year, OCT 3 0

State Registrar

Medical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month 11:50 pm 3 96 /Medical 4b City, Town, or Location of Death Pullimore Nema (If not institution, give street end number) 4c. County of Death Examiner NIVERSITY OF MARYLAND MEDICAL CENTER if Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) if Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** 8. Dete of Birth (Month, Dey, Year) Months 1□ M 2 F Deys 216-40-4669 August 12,1942 Maryland Director Usual Residence of Decedent death with the Maryland 10e. Stete 10b. County show 10c. City, Town or Location 10d. Inside City Limits Hem 27 is marked other than "natural", or items 23a or 28a-f shot other traumatic event, the Modical Examinar must be notified at 1 Yas 2 □ No Talbot Funeral Directo TRappe Makyland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3037 Point Koad 21673 Kate USA 12. Wes Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Detes: Raca - Amarican Indien, Black, White, atc. 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) Pagas 1 and 2 should be filed within 72 hours after 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No Specify Completed by Black 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Sea food Industry House Keep! Noy Dea Formand 18. Mother Name (First, Middle, Maidan Sumame) 12 if Health and Mental Hygir Item 27 is marked other 17. Fether's Neme (First, Middle, Lest) Be Jackson Pearl 2 James A Nea 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) A. Camper - (Husband 30373-Kate Point Road TRappe, Maryland arroll 20b. Place of Disposition (Neme of 20e. Method of Disposition Date 20c. Location - City or Town, Stata Department of P Important: If Ite any Injury or of once. cametery, cremetory or other 11/7/96 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State GROVE CEMETERY Vienna, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Reids 21. Signatura of Funeral Service Licensaa 22. Name end Address of Facility HENRY FUNERAL Enter the disaasa, or complications that caused the daath. Do not anter the mode of dying, such as cardiac or raspiratory arrest,

Approximately, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset end Death **Physician** Immediete Ceuse (Final diseese or condition resulting In death) /Medicai hemorrhage 2 hours **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed for usa as tha bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting In death) Lest and Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, been signed by the attanding physician should be detached for usa as tha buna Dua to (or as e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause givan in Pert i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings aveilable prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed? Aftar this certificata has 1 ☐ Yes 2 X No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Daath (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3□ DOA 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. injury et Work? 5 Pending investigation 1 Naturel 2 Accident within 24 hours after death. To the Funeral Director: A 1 ☐ Yes 6 Could not be determined 3 Suicida à 28a. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital 15 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end mennar stated. Medical 29e. Certifier (Check only one) 4 29b. Signetura and III of confilled 29c. License number 29d. Data signed (Month, Day, Year) P100 36 30. Name end eddress of person the completed cause of death (item 23a) (Type, Print) Barbara E. Lazio, M.D., University of MD Medical System, Baltimore, MD 21201 31. Dete filed (Month, Day, Year) 32. Registrer's Signetura State Registrar

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State of Maryland / Department of Health and Mental Hygiene 9 6

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ata h	eged	E C							1[3(Y	es 2 No	15	O¥Yes 2□ No			
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Physician: r this certific	e die	0	Yes 2□ No	Hospital: 1 Inpatie	ent 2 ER/Outpo	atient 3 DO	A Oth	er: 4 Nursing Ho	ome 5 Resid	enca 6 X Oth	ner (Speci	b) SCENE			
ng Pi	Inera		27. Menner of Deeth 1 ☐ Neturel 5 ☐ Pending	28e. Dete of Inju (Month, De	ry Year) 28b. Tim	ne of 28	Bc. Injur	y et k?	28d. Describe h	ow Injury occur	red				
or Attending after death. Director: After	t ett	Certification:	2 ☐ Accident Investigation	OTINITOWI			^{1□ Yes} ^{2□ No} Subject assaulted.								
after of Al	i g		3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end I City or Town, State)									al Route Number,			
orel [B (200 Codifies 4D Codifies Dt	Unknowr					Unknown						
To the Hospital of within 24 hours a To the Funeral D	completely filled in by the funeral director, pege	edicai	29e. Certifying Ph (Chicago 2 Medical Exan	ysician: To the best of the basis of the bas	f examination end/o	eeth occurred e r Investigetion,	t the tim	ne, dete end plece, pinion, deeth occuri	end due to the c red et the time, d	euse(s) and me lete end plece,	end due t	teted. o the ceuse(s)			
vithin	d :		29b. Signature and title of certifier	/	720	29c.	License	e number	2	9d. Dete signe	d (Month,	Dey, Year)			
	1		* (Au	to la	LID		OC		1			, 1996			
10)	1	10. Name and eddress of person who	completed cause of d	eeth (Item 23a) /Tu	pe. Print)									
	1	10	II APANI IX	KE MD			-	D-				7 01001			
			JUMPON! IST	te. Was	111	Penn :	Str	еет. ка	Ltimore	e. Mar	vlar	nd 21201			

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State of Maryland / Department of Health and Mental Hygiene

34198

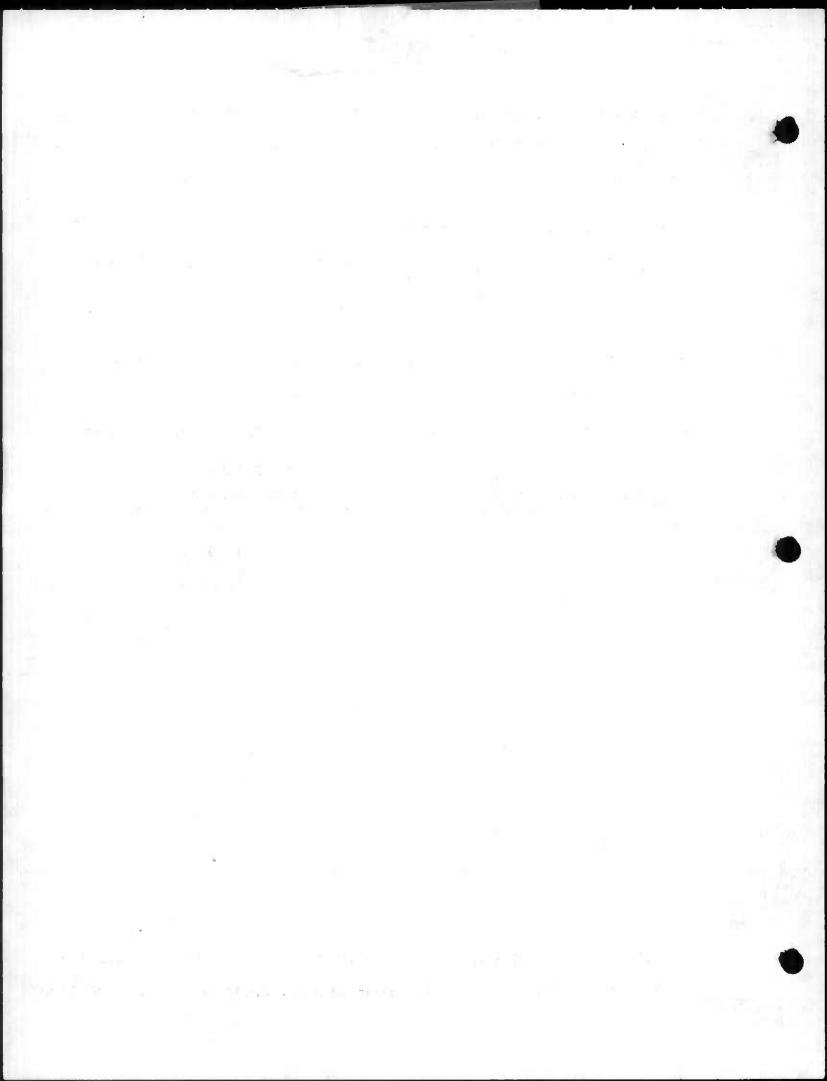
						Cer	tificate d	n Deau	7		Reg. No.			
4	Physic /Medi		Decedent's Neme (First, Middle, L ANTWANN	DEQUET		DU	CKETT			2. Date of D	_	996	3. Time of Death 5:00 AM	
4	Exami	ner	4a. Facility Neme (If not institution, gi		1	AD			rown, or Lo	ocation of Dea		y of Deeth	ORGES	
	, Funeral Director		218-92-0172	Sax XZM 2□F	Age (In yrs. last 22	birthday) Yrs.	If Under 1 Ye Months De	ar If Unde	er 24 Hrs.			9. Birthpla Countr	ace (Stata or Foreigr ry) 'LAND	
the Maryland 28a-f show		tor	Usual Residence of Decedent 10a. Stete 10b. County MARYLAND CHARLE	S	10c. City, T		cation					10	d. Insida City Limits	
d 21215-0020 filed within 72 hours after death with the Manylend byniane	3a or 28	Il Direc	10e. Street and Number #2870 HADLEY DRI	VE			10f. Zip Coo	601			10g. Citizen of	of Whet Country?		
	in 72 hours after death with the Maryle "natural", or items 23a or 28a-f show ledical Expendent must be notified at	by Funeral Director	11. Marital Stetus **Mover Married 2 Married 3 Widowed 4 Divorcad	12. Was Decede Armed Force 1 Yas 2 If Yes, Give Year or Date	s? Mo		Vas Dacadent Yes, specify C	of Hispanic C Juben, Maxica		ecify Yes or N Rican, atc.)	lo- 14. Ra	ce - America eck, White, et	n Indian, tc.	
21215-0020	d within 72 hours jiene. r than "naturaf", me Med cal Exe	Completed	15. Decedent's Elementary/Secondary (0-12)	Education rade completed) College (1-4d	or 5+)	(Give I	ent's Usuel Ockind of work do	ne during mo tired)		ing	16b. Kind of E	Business/Indu	ustry	
ana z	a la b	Be	12TH GRADE 17. Fether's Name (First, Middle, Las CHARLES H. YATES	t)	U	TILIT	Y WORK	18. Mott	nar's Name	CONS e (First, Middla, Maiden Sui IZABETH DUCKE				
e, S	d 2 sho	To	19a. Informant's Name/Relationship CHARLES H. YATES					eet and Num	ber or Rure	al Route Num	ber, City or Town	, State, Zip C		
	- I E E		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of the Contr	Removal from Ste	20b. Place ceme	#2870 HADLEY DRIVE, WALI Ob. Place of Disposition (Name of cemetery, crematory or other place) TRINITY MEMORIAL GARDENS 11					20c. Location - City or Town, Stata		m, Stata	
Dalc	permit. Peges Department of Important: If it any Injury or once.		21 Supplies of Funeral Service Lica YULL C. THOR	inseg to Ja	beson	22. I	Name end Ad HORNTO	dress of Feci	lity RAL H	IOME, P				
k	Physician /Medical Examiner	ler	23a. Part1. Entar the diseesa, or conshock, or heart feilure. List only Immediate Ceuse (Finel diseasa or condition resulting in death)	one cause on each	Due to (or as	S T	msoni					1	Approximete nterval Between Onset end Deeth	
certificate be executed right physician end	certificate be executed nding physician end use as the buriel-transit	I Examiner	Sequantially list conditions, if eny, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury	b	Due to (or es	a consequ	ienca of):							
OV 001 00'	certificate to ding physic use as the b	n/Medical	Ceuse (Disease or injury thet initiated events resulting in death) Last	d	Due to (or as	a consequ	ance of):							
	that the death ned by the etter detached for u	Physicia	Pert II. Other significant conditions	ontributing to death but not resulting in the underlying cause given In Pert I.							tobacco use co		the cause of death?	
5000	requires seen sign	Completed by								24e. Wa	s en eutopsy ormed?	com	e eutopsy findings labla prior to pletion of cause sath?	
		Be Com	25. Wes case referred to medical					26. Pled	e of Death	1 Check only	Yes 2□No	16	Yes 2□ No	
VISION	Attanding Phy ir death. ector: After this by the funeral d	Certification: To	examiner? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending investigatio 2 Accident 6 Could not be determined	pjury 28b 2 Year) 0 2 C 0 njury - At home, etc. (Specify)	28b. Time of Injury 28c. Injury et Work?					ag Homa 5 ☐ Residenca 6 ☑ Other (Specify) AT SCE 28d. Describe how injury occurred COULD ANT OF CAR PANOTET 28f. Location (Street and Number or Rural Route Number, City or Town, State)				
1	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical Co	29a. Certifier (Check only one) 1□ Certifying Pt 2⊠ Medical Exam	nysician: To the besininer: On the basis end manner:	of examinetion	ge, deeth	occurred et the estigation, In m	time, dete a y opinion, da	nd place, a	and due to the	cause(s) and m	enner es stet	ted. the ceusa(s)	
	To the within 2 To the comple	Me	29b. Signatura end title of certifier	meltre	L	29c. Licansa number O.C.M.E.						ned (Month, Day, Year) ER 31, 1996		
,	Sta		30. Name end eddress of person who MAM MAN (31. Date filed (Month, Day, Year)	Silison V			rint)		, Ba	altimo			nd 21201	

32. Registrar's Signeture

NOV 0 6 1996

State

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

e 96 34 199

						Ce	rtificate	of	Death			Reg. No.			
			1. Decedent's Neme (First, Middle,	Last)							2. Dete of De	eth	14-77	3. Time	of Death
	Physici Medi/		Mary Elizabet	h Dennev							Month NOV.	Dey 1	Yaer 1996	9:	00PM
1	Examir		4a. Facility Neme (If not institution,	giva street end n					4b. City, To	wn, or Lo	cation of Deat	4c. Co	ounty of Death		OULII
			134 Konrad Morg	an Way					Loth	ian		P	nne Ar	undel	
	Funeral			S. Sax		s. lest birthday)	If Undar 1 Months	Yaar	If Undar Hours	Min	8. Dete of Bir (Month, De	th v. Year)	9. Birth	olece (Stete	e or Foraign
	Director		234-36-8580 Usual Residence of Decedent	10 M 20 F	70	Yrs.					Octobe:	r 28,1	.926 We	sť Vi	rginia
	Meryland f show	lor	10a. Stete 10b. County Maryland Anne A	rundel	10c. C	City, Town or Lo Lothia								10d. Inside	City Limits
	with the 3a or 28a	I Director	10e Street and Number 134 Konrad More	gan Way			10f. Zip 0	Code 071	L1			10g. Citizer U.S.	n of Whet Cou	ntry?	
020	2 should be filed within 72 hours after deeth with the Meryland and Mantel Hygiene. Is marked other than "natural", or items 23s or 28e-f show raumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritai Stetus 1 □ Never Married 2 □ Marrie 3 ☒ Widowed 4 □ Divorced	Armed F	2 No		Was Decede If Yes, specif	y Cub	en, Mexican	gin? (Spe , Puerto I	cify Yas or No Rican, etc.)		Raca - Americ Bleck, White, pecify:		
21215-0020	ithin 72 ha	Completed	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	greda completed) (1-4or 5+)	(Giva	dent's Usuel kind of work DO NOT use	done retire	pation during mosi d)	t of workin	ng	16b. Kind	of Businass/in	dustry	
7	ygier ygier rt, II	Ö	12	N/A		Haii	cdress	er					ty Sho	5	
Maryland	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Be	17. Fether's Neme (First, Middle, Lawre) James Lawre	*	khurn					r's Neme Mamie	(First, Middle		meme)		
2	should be Ind Mentel I	L 2	19a. Informent's Neme/Reletionshi		TEXALIT	19h Maili	na Address /	Straat				ones	own, Stete, Zij	Code)	
	is 1 and 2 should of Health and Mer item 27 is marks other traumatic		Charles E. Deni		(Son)								. 2071		
altimore,	Pages 1 an out of He out: if item		20e. Method of Disposition 12 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe		Stata	Plece of Dispo camatery, crei	metory or oth	ar pie			, 199 6		on Hill		yland
Balti	permit. Page Department of Important: If any injury on once.		21. Signature of Funeral Service Li		/	22	2. Name end	Addre	ass of Fecilit	y Lee			me,Inc		20735
			23a. Part1. Entar the disease, or c shock, or heart feilure. List or	omplications thet	caused the de						_			Approxim	ata
1	Physician		Shock, or neert feilure. List of	niy one cause on	each line.								į	Intarval Back Onset end	d Death
4	/Medical Examiner		Immediate Causa (Final disease or condition		Pne	rumo	nia							one u	rech
ı.	Examine:	i.	resulting in deeth)	0.		(or es e consec	quence of):						Ī		
	pet lisit	nlne		b	Chri	mic 1	Justr	uc	tive	Pul	monary	Disea	se!	6 m	nthe
~	execu n end lat-trau	Exar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to	(or es e consec	quenca of):				d		se !		
x 68760,	certificate be executed rding physician end use es the burial-transit	/Medical Examiner	Cause (Disease or Injury that initiated events resulting in deeth) Lest	c	Dua to (or as a conseq									
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0	by the	hys	Per II. Other algimicant condition	s continuuting to c	oeath but not re	sulung in the u	ndenying cat	use gn	van in Part I.	•			No 3 □ Pro		or death?
S,	gned be de	by P						-						, ,	7
Records,	law requires that the death certifies been signed by the ettending as been signed by the ettending as 2 should be detached for use ea	Completed										en eutopsy omad?	av	ere eutopsy eilable prior empletion of deeth?	ir to
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Vital	ysician: is certifica director,	Be	25. Wes case referred to medical exeminer?						26. Placa	of Deeth	(Check only	one)			
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	ling I. After fune	atlon:	27. Menner of Deeth 1. □ Neturel 5 □ Pending 2 □ Accident investige	tion	of Injury oth, Dey Year)	28b. Time of Injury	M 280	c. Injui Wo	ryet rk? ∣Yes 2 🔲 I		8d. Describe	how Injury o	ccurred		
DIVISION	ai or Atte s efter de il Directo ed in by ti	Certification:	3 Sulcida 6 Could no determin	ad 200. F180	e of Injury - At ling, etc. (Spec	home, ferm, str ify)	eet, fectory,	office		2	8f. Location (City or To		lumber or Run	il Route Nu	mber,
	To the Hospital or Attend within 24 hours effer deatr To the Funeral Director: . completely filled in by the	edical	29a. Certifier (Check only one)	Physicien: To the saminer: On the bend mer	e best of my kn pasis of exemin nner steted.	owledge, deeth etion end/or In	occurred et vestigation, In	the tin	me, dete en opinion, dae	d piece, e th occurre	and due to the	cause(s) en dete end ple	d menner es s eca, end due t	teted. the cause)(s)
	To the To the comp	M	29b. Signature and title of certifier				29c.	Licans	sa number			29d. Data s	igned (Month,	Dey, Year))
			Steven	Oppror	me 1	10	1.	3	089	18		11-	-04-	-96	
			30. Neme and eddress of person will Steven Osborn	no completed cau	se of death (Ite	m 23a) (Type,		enue	e 2nd	l Flo	or Tem				married to a Chamber and
	Sta Registr		31. Dete filed (Month, Dey, Year) NOV 0 6	32. 1	Registrer's Sign										
			0	/	/		Annah.								

State of Maryland / Department of Health and Mental Hygiene

34200

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death November 5, **Physician** FLORENCE 1996 ANNETT DAVIS 12:55 P.M. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** WASHINGTON WASHINGTON COUNTY HOSPITAL HAGERSTOWN 5. Social Sacurity Number If Under 1 Yaar | if Undar 24 Hrs. 8. Deta of Birth Month, Day, Year) SEPT 28, 1916 6 Sex 7. Aga (In yrs. lest birthday) 9. Birthpiaca (Stata or Foreign **Funeral** 10 M 20 F Deys Hours WYOMING Yrs. 80 Director 141-03-8574 Usuei Residence of Decedant death with the Meryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits *how r than "natural", or flems 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 No Director MARYLAND WASHINGTON BOONSBORO 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8507 MAPLEVILLE ROAD 21713 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indlen, hours after 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE permit. Peges 1 and 2 should be filed within 72 h Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natus and injury or other traumatic event, the Medical photos. 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meiden Sumema) Be FREDERICK MYRTLE MARY Ε. WILSON VANDIVER 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) IRVIN L. DAVIS 8507 MAPLEVILLE ROAD, BOONSBORO, MARYLAND 21713 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 1 XBurial 2 Cremetion 3 Removel from Stete CEDAR LAWN MEMORIAL PARK 11-7-96 HAGERSTOWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licensee ANDREW K. COFFMAN FUNERAL HOME, INC. hoel. 40 EAST ANTIETAM STREET, HAGERSTOWN, MD. 21740 23a. Part1. Enter the disease, or complications that are the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tellure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediete Causa (Final 3 days cerebo varancy trailent disease or condition resulting in deeth) Examiner Due to (or es e consequence of): m Hyperternin minear certificate be executed attending physician end for use as the burial-tran Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted avents resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or as a consequanca of): P.O. ed by the a detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Arterior elevotic cardinarales Direcan þ Englishetory, chron been signature 24b. Were autopsy tindings eveilable prior to Anters Dinean. Completed 24a. Wes an autopsy completion of cause of death? imapicionas certificate has 1 Yas 2 1 No 1 ☐ Yes 2 ☐ No Division of Vital 8 25. Wes case reterred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospitel: 1 Pinpatiant 2 ER/Outpatient 3 DOA P 1 Yes 2 4No this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time ot 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Attanding 5 Pending invastigation 1 Naturei deeth. 1 ☐ Yes 2 ☐ No spital or Attandi lours after deeth. Neral Director: A filled in by the fi 2 Accidant 3 Sulcide 6 Could not be determined 28e. Pleca of injury - At home, term, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours aff To the Funeral DI 1 G-Gertifying Physician: To the best of my knowledge, death occurred et tha time, dete end plece, and due to the ceuse(s) end mennar as stated.
2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and placa, end due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. Licensa number 29d. Data signed (Month, Dey, Year) N= 5,1996 - Bat MO D18019 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

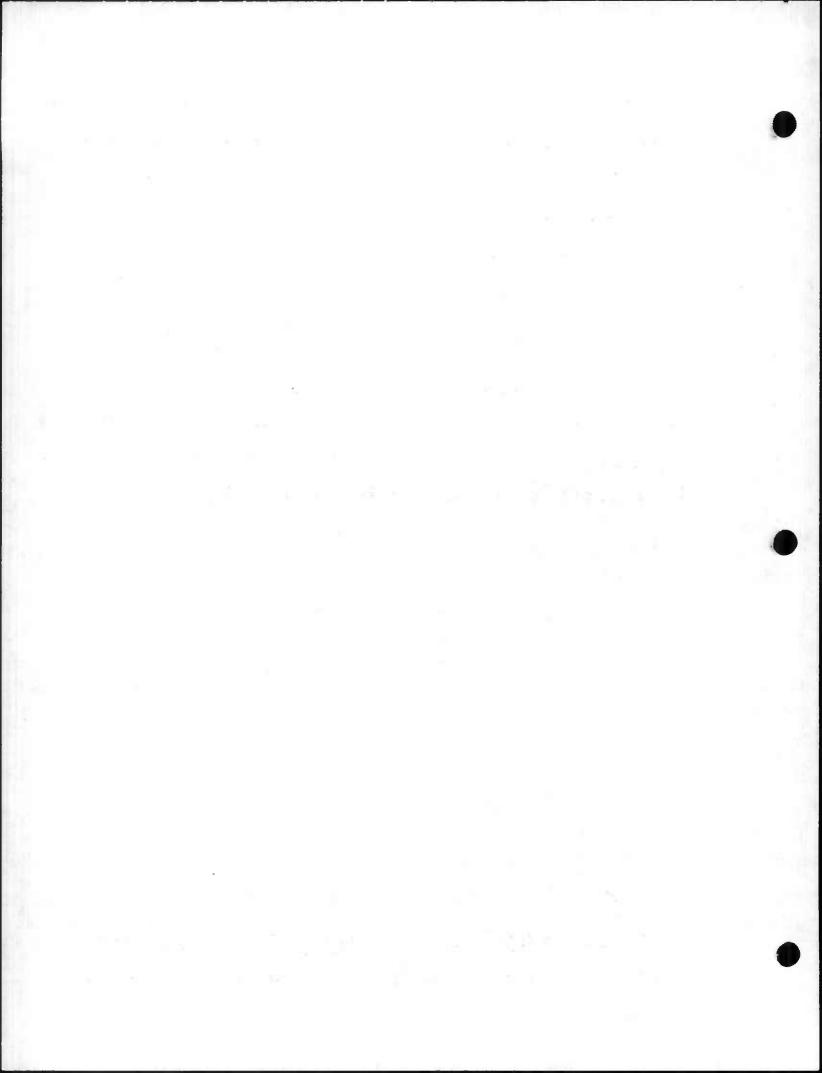
State Registrar

334 MILL STREET, HAGERSTOWN, MARYLAND 21740 31. Dete tiled (Month, Day, Yeer) 32. Begistrar's Signature Revolution NOV 07 1996

VASANT DATTA M.D.

State of Maryland / Department of Health and Mental Hygiene 96

						Certificate of	Death		Reg. No.		
П	Dhuaia	lan.	1. Decedent's Name (First, Middle, L					2. Date of De	eth	V	3. Time ot Death
J	Physic /Medi		Dorothea	S.	Deshon	g		Nov.	4 Dey 19	96	8:05pm
37	Exami		4e. Fecility Name (If not institution, g	ive street and number)			4b. City, Town, or L	ocation of Deet	h 4c. County	ot Deeth	
			7908 Oaklei	gh Road			Parkvi	11e	Ba1	timo	re
	Funeral				e (In yrs. lest bii	thday) If Under 1 Yea Months Deys		8. Date of Bir (Month, De	th V Year)	9. Birthp	lace (Stete or Foreign
	Director		219-22-6547	1□ M 2√2 F 9	2	Yrs.	TIOUIS WIII.	Jul 18	3,1904	Pa.	
	and w		Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location				1	Od Incide City Limits
	Aarylan f show	5	Md. Baltimo	re	Balti					- '	0d. Inside City Limits N Y Y Yes 2 □ No
	the 1	Director	10e. Street end Number		Daroz	10f. Zip Code			10- 02		
	with with			A		i l	0.4		10g. Citizen of V	vnet Coun	itry?
	ns 22	Funeral	1726 Old Easte	12. Wes Decedent	Ever in II S	212		socihi Voe or No	U.S.A.	- Amorio	an Indien,
	r iter	들	1 ☐ Never Married 2 ☐ Married	Armed Forces?		If Yes, specify Cul	ban, Mexican, Puerto	Rican, etc.)	Blec	k, White,	
020	urs e	þ	3 Widowed 4 □ Divorced	If Yes, Give Year or Dates:		1□ Yes 2N No	Specify:		Specify	whi	te
21215-0020	a within 72 hours efter death with the Maryland liene. Than "natural", or items 23a or 28s-f show the Medical Examiner must be morthed at	Completed	15. Decedent's E	Educetion	16e.	Decedent's Usuel Occu	pation		16b. Kind of Bu	siness/Inc	dustry
2	C 1 6	ble	(Specify only highest gi	College (1-4or 5	5+)	(Give kind of work done life. DO NOT use retin	eduning most of work ed)	king			
2		5	5		Ho	memaker			Home		
Pu	A Tab	Be	17. Fether's Name (First, Middle, Les	t)			18. Mother's Nam	e (First, Middle	, Maiden Sumem	e)	
Ya	should be and Mental marked of umatic evi	ဥ	_John	Oakman			Bertha		Sipes		
Maryland	2 sho end is me		19e. Informent's Neme/Relationship			. Mailing Address (Stree					
	ges 1 and 2 should it of Health end Men if item 27 is marke or other traumatic	4	Alverta Mordan/	Daughte		21 Kitty	Hawk Rd.				
Jor	Pages 1 ar nent of Hea Int: If fram 2 ury or other		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 [Removel from State	cemeter	Disposition (Neme of y, cremetory or other ple	ece)	Dete	20c. Location -		
Ë	tment tant:		4 ☐ Donation 5 ☐ Other (Spec		Asbur	y Cemeter		1/7 1	larriso	nvil	le,Pa.
Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service Lice	ensee	,	22. Name end Addr		rvicos			
	40200		(bod (www.	rev .		Trade Sa			. 21	.740
			23e. Pert1. Enter the diseese, or con shock, or heart taiture. List only	nplicetions that ceused one ceuse on eech lir	the death. Do r	not enter the mode of dy	ing, such es cardiac	or respiretory e	rrest,		Approximete Intervel Between
1	Physician / /Medical		In the Country of the	()		eleme _{te}					Onset end Deeth
6	Examiner		Immediate Ceuse (Finel diseese or condition resulting in death)	2/ru	my	a					1doup
	Succession	-	, , , , , , , , , , , , , , , , , , , ,	/	Due to (or es e	consequence ot):					
	oted J Insit	Examiner		b. ————		•					
Ć	certificate be executed Iding physician end ise es the burlet-transit	Еха	Sequentietly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying		Due to (or es e o	consequence of):				1	
68760,	ysicla	cal	Ceuse (Disease or injury thet initieted events	C	Due to (or es e o	onsequence of):				-	
	iffical g ph	//Medical	resulting In deeth) Lest	•	D00 t0 (01 03 0 0	onsequence or).					
XO		an/A		d							
œ œ	es that the death igned by the etter be deteched for u	Physician	Part II. Other eignificant conditions	contributing to death bu	It not resulting In	the underlying ceuse gi	iven in Pert I.	23b. Dld	tobacco use con	tribute to	the cause of death?
P.O.	The law requires that the ate has been signed by th page 2 should be detech	Phy								3 Prob	
	gned be de	by									
ord	v require been sig	ted							en eutopsy rmed?		re eutopsy tindings illable prior to
ec	has be	pie								cor	npletion of cause leath?
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<u> </u>	lcian: The certificate rector, pag	Be	25. Wes cese reterred to medical exeminer?				26. Place of Deet	h (Check only o	ne)		
5	Physic this c	ဥ	1 Yes 2 No	Hospitel: 1 Inpatie		petient 3LI DOA		me 5 Resid	dence 6 Othe	r (Specify)
E C	ding P h. Aftert funera	0	27. Menner of Deeth 1 ☑ Neturet 5 ☐ Pending	28e. Date of Injur (Month, Dey	y 28b. T Year) Ir	ijury Wo		28d. Describe i	now injury occurre	ed	
S	tend deeth tor: /	cat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be				Yes 2 No				
Division of Vital Records,	after deet Ofrector: In by the	Certification:	4 ☐ Homicide determined		iry - At home, tai . <i>(Specify)</i>	m, street, tactory, office		City or Tov	Street end Numbe vn, Stete)	r or Rurai	Route Number,
	pital ours eral filled		29a. Certifier	woldlen. To the best o	f must knowledge	death aggregat at the st					
	To the Hospital or Attending Physician: within 24 hours after death: To the Funeral Director: After this certified completely filled in by the funeral director;	edical	(Check only 2 Medical Examone)	miner: On the basis of end menner sta	exeminetion end	deeth occurred at the till/or investigation, in my	me, dete end piece, opinion, deeth occurr	end due to the red et the time,	ceuse(s) end mer dete end place, e	ner es sto nd due to	eted. the ceuse(s)
	of thin of the office of the o	Me	29b. Signeturand itle of certifier	4 / 0		£ Licens	se number		29d. Date signed	(Morsh, L	Dev. Year)
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5		}	30. Neme and eddress ot person who	completed an est de	eth (tem 23e) (Type Print)	00 00		0 1/	- /-	• 5
			Paul A.Valle	Jr.M.D.	1012	Old North	n Point	Rd., B	altimon	ce.M	d.
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registre	r's Signeture						
	Registra	ar	NOV 0 6 19	96 your on	man de	dall					



State of Maryland / Department of Health and Mental Hygiene

34202

						Certificate of	Death	R	eg. No.		
			1. Decedent's Name (First, Middle, Las	()				2. Date of Deat Month		Vaar	3. Time of Death
	Physic /Medi		KENNET	H	/.	DAUIS		OCT. 0	14. 19	Year 96	12:00 An
A	Exami		4a. Facility Name (If not institution, give	street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
-	Funeral Director		Washington Adversion 5. Social Security Number 6. Se 342–12–5275		rs. last bir		Takoma Pa If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day,	Montg	9. Birthpi	lace (State or Foreign
	_		Usual Residence of Decedent	70				June 29,	, 1920	Illi	11015
	yland	1	10a. State 10b. County	10c.	City, Tow	n or Location				10	0d. Inside City Limits
	Mar	io	Maryland Prince G	eorge's Co	11ege	Park					1 ☐ Yes 2 € No
	or 28	Director	10e. Street and Number	***************************************		10f. Zip Code		1	0g. Citizen of V	What Coun	try?
	23a		5128 Mangum Road			20740			United	State	es
	de de de de de de de de de de de de de d	Funeral	11. Marital Status	12. Wes Decedent Ever in Armed Forces?	n U,S.	13. Was Decedent of H If Yes, specify Cuba	lispanic Orlgin? (Sp an, Mexican, Puerto	ecify Yes or No- Rican, etc.)		e - America	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mentel Hygiene. If the first is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by	1 ☐ Never Merrled 2 ☒ Marrled 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:		1 ☐ Yes 2 ☑ No	Specify:		Specify		
5-(72 h metu	etec	15. Decedent's Edi (Specify only highest grad	ucation de completed)	16a.	Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	ation during most of work	ing	16b. Kind of B	usiness/ind	lustry
121	d 2 should be filed within in and Mentel Hygiene. 7 is marked other than "reumatic event, the Mes	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	-		•		C	ont	
	iled v tygie her ti nt, ti		12 17. Father's Name (First, Middle, Last)	4	Ke	y punch oper			Governm		
Maryland	od of ot ot	Be	77 79				18. Mother's Nam			10)	
7	hould Me mark mark	7	Henry H. Davis 19a. Informent's Name/Reletionship (T	vne Print)	196	. Malling Address (Street	Leslie N			State 7in	Code)
M	od 2 strau		Supamas Davis- Wi			28 Mangum Ro					
ē,	ges 1 and t of Health if Item 27 or other tr		20a. Method of Disposition		o. Place of	Disposition (Name of			20c. Location -		
Baltimore,	0 0		1 ☑ Burial 2 ☐ Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,			y, crematory or other place		+ 20 06	Dront	hoor	Maryland
alti	교는관금		21. Signature of Funeral Service Uters		ort	Lincoln Ceme 22. Name and Addre	ss of Facility				
ä	Depermi Impol		* King I	Coleras	M	Fort Lincol	In Funera	1 Home,	Inc.	rv1an	d 20722
	DI1-1		23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications that caused the dine cause on each line.	eath. Do						Approximate Interval Between Onset and Death
ü	Physician /Medical		Immediate Cause (Finel	MYOCA	021	AL IA	PARCE	all			NAX
Н	Examiner		disease or condition resulting in death)			consequence of):	Mari	Ova		1 1	001 (3
		Je.		DINSET		MEZCITH	2			1	YRS
	requires that the death certificate be executed energy of the ettanding physician and chould be detached for use as the burial-transit.	Examiner	Sequentially list conditions,	0.		consequence of):				1	
90	e exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury							ĺ	
68760,	sata b shysic the b	Medical	that initiated events resulting in death) Last	Due to	or as a	consequence of):					
	ding p		· ·	d							
Вох	eath ce ettandii I for use	ian								1	
o.	that the de ned by the a datached i	Physician/	Part II. Other significant conditions co	, ,			ren In Part I.	/			the cause of death?
Ω.	thet ned by data		Adultvespira	tary distros	S Sz	nderme		1 1 1 1 1 1 1 1	es 2 No	3 Prob	pably 4 ☐ Unknown
Records,	n sign	d by			U			24a. Was a			ere autopsy findings
00		lete						perform	med?	cor	ailable prior to npletion of cause death?
Re	0 - 0	Completed						1 🗆 Ye	s 2DNo		Yes 2 No
ta	delen: The certificate rector, pag	0	25. Was case referred to medical				26. Place of Deat				1100 205110
of Vital	Physicien: this certific	S OB	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 ☑ Inpatient 2	ER/Ou	tpetient 3 DOA Oth	or:	me 5 Reside		er (Specify	()
	After fune	Certification: T	27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	28e. Date of Injury (Month, Day Year		Fime of piury 28c. Injury Wor		28d. Describe ho			
Division	or Attending aftar deeth. Director: After I in by the fune	flca	3 ☐ Suicide 6 ☐ Could not be	28e. Place of Injury - A	t home, fa	rm, street, fectory, office	100 2010	28f. Location (St	reet and Numb	er or Rura	I Route Number,
2	卢维충드	ert	4 ☐ Homicide	building, etc. (Spe		, , , , ,		City or Town	n, State)		
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai C	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of my kiner: On the basis of examend menner stated.	nowledge Ination an	, death occurred at the tin d/or investigation, in my o	ne, date end place, plnion, death occur	end due to the cored at the time, d	euse(s) end ma ate and place,	anner as st end due to	ated. the cause(s)
	o the	₩.	29b. Signeture end title of certifier	ond monnor stated.		29c. Licens	e number	2	9d. Date signe	d (Month, L	Day, Year)
	H 2 H 5		MARION	K/_ u	48	D36	601		10/24	1	
	(5)		30. Name and address of person who co							-	-0/-
	()			ILL, MD	76 ac	Type, Print) Covoll of	tue. la	Forma to	ark, W	10 2	0712
	Sta Registi		31. Dete filed (Month, Day, Year) OCT 2 8 193	32 Registrar's St	gnature Lor C	rlatt					

State of Maryland / Department of Health and Mental Hygiene 96 34203

Physician /Medical part and pa	i r	Dorothy Davis Aa. Facility Name (If not institution, giva 12709 Hillmeade S	street and number)					2. Date of I Month Octobe	r 24, 19	96	3. Time of Death 4:56 am
/Medical Examiner uneral rector	i r	4a. Facility Name (If not institution, giva	· · · · · · · · · · · · · · · · · · ·					Octobe		96	4:56 am
uneral rector		Every William Control	· · · · · · · · · · · · · · · · · · ·				11 O'1 T				
rector Mou		12709 Hillmeade S					4b. City, Town,	or Location of De	ath 4c. County	y of Death	7.0
rector Mou			tation Dr:	ive			Bowie		Prin	ce Ge	orge's
w ti		5. Social Security Number 6. Se.	x 7. Age	(In yrs. last bii		If Under 1 Year Months Day		in. 8. Date of I	Birth Day, Year)	9. Birthple	ace (State or Foreign
illied at	1	210-28-6300	JW ZIZJF	64	Yrs.			Dec.	2, 1931	North	n Carolina
tified at	-	Usual Residanca of Decedent 10a. State 10b. County		10a City Tow	m or l oo	ntion				T.,	
1 45		,		10c. City, Tow	n or Loca	ation				10	d. Inside City Limits
	2	MD Prince Ge	orge's	Bowie							1 X Yes 2 □ No
į	5	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Count	try?
la Di	22	12709 Hillmeade S	tation Dr	ive		20720			U.S.A.		
9	9	11. Marital Status	 Was Decedent Ended Forces? 	ver in U,S.	13. W	as Dacedent of	Hispanic Origin? ban, Mexican, Pu	(Specify Yes or I	No- 14. Rad	ce - America	
T.		1 Never Married 2 Married	1 ☐ Yas 2 🔼 No	0		☐ Yes 2 No		0110 1 110411; 410.)			
Şq P	2	3 X Widowed 4 □ Divorced	Yaar or Dates:				о орвону.		Specif	y: Whi	te
Completed	5	15. Decedent's Edu (Specify only highest grade	cation e com <i>pleted</i>)	16a.	Decede	nt's Usual Occi	upation e during most of v	vorkina	16b. Kind of B		•
jou	1	Elementary/Secondary (0-12)	College (1-4or 5+		life. DO	O NOT use retir	ed)	vorking.			ge's Count
Ö	5	10		Ca	fete	ria Aid	le		Public	Schoo	ols System
		17. Father's Name (First, Middle, Last)					18. Mother's N	lame (First, Midd	le, Maiden Sumar	ne)	
To Be	2	George Campbell					Alma Cr	cisp			
		19a. Informant's Name/Relationship (Ty	рө, Print)	19b	. Mailing	Address (Street	et and Number or	Rural Route Nun	ber, City or Town	State, Zip	Code)
once. To Be Completed by		Lois Kirk - Daugh	ter	12	709	Hillmea	de Stati	lon Driv	e, Bowie	, MD 2	20720
		20a. Method of Disposition		20b. Place of cemeter	Disposit	tion (Name of story or othar pi	ace)	Date	20c. Location	- City or Tov	vn, State
		1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State				etery 1	0/28/96	Chelter	nham.	Maryland
9		21. Signatura of Funeral Sarvice Licansa	aa		22.1	Name and Add	ress of Facility				-
ouce.		1.21			Fr	ancis 0	asch's S		eral Hom		
	-	23a Part Enter the disease or compli	son	he death. De	47	39 Balt	imore Av	renue, H	yattsvil		
	1	23a. Part1. Enter the disease, or complishock, or heart failure. List only or	e cause on each line	e death. Do i	not enter	tha moda or dy	ring, such as card	ac or respiratory	arrest,		Approximate Interval Between Onset and Death
an cai	1	Immediate Causa (Final	8	01 .	00	0	0				i
er		disease or condition resulting in death)		phag	gea		an ci	noma			2 WOVA
ة ا	5		d	ue to (or as w	conseque	ence of):					
Examiner		b b									
X		Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events	D	ue to (or as a	conseque	enca of):				i	
		Cause (Disease or Injury									
Physician/Medical		resulting in death) Last	Di	ue to (or as a c	consequa	ince of):					
n/Medical Examir											
Ciar											
VS.		Part II. Other significant conditiona con	tributing to death but	not resulting in	the und	erlying cause g	iven in Part !.	23b. DI	d tobacco uae co	ntribute to	the cause of death?
								1[Yes 2□ No	3 Probe	ably ** Unknown
þ											
Completed								24a. Wa	is an autopsy formed?	avai	lable prior to
mpieted										of de	pletion of causa eath?
To Be Com								10	Yes 2 No	1 🗆	Yes 2□ No
Be		25. Was case referred to medical examiner?					26. Place of D	eath (Check only	one)	1	
O.L		1 Yes 225No	ospital: 1 🗆 Inpatient	2 □ ER/Ou	tpatient	3□ DOA O	ther: 4 Nursing	Home 5 Re	sidenca 6 □Oth	er (Specify)	
		27. Manner of Death	28a. Date of Injury (Month, Day)		Ime of	28c. Inju	ury at ork?	28d. Describe	how injury occur	red	
cation		1 → Natural 5 Pending Pending Investigation	(mana, bay		ijai y		Yes 2□No				
Certification:		3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury	y - At home, fa	rm, stree	t, factory, office	1		(Street and Numb	per or Rural	Route Number,
e C		T TISHIOGO	building, etc.	(Specify)				Chy of 1	own, State)		
je		29a. Certifler Certifying Phys	Iclan: To the best of	my knowledge	, death o	ccurred at the t	ime, date and pla	ce, and due to th	e causa(s) and ma	anner as sta	ited.
ledical Cert		(Check only 2 Medical Examin	er: On the basis of e and manner state	xamination and	d/or Inves	stigation, in my	oplnion, death oc	curred at the time	, data and place,	and due to t	the cause(s)
ž		29b. Signature and title of certifier				29c. Licer	sa number		29d. Date signe	d (Month, D	ay, Yaar)
40		Rhalo	N	UD		D4	-3340	0	10/8	24/0	96
1	-	30. Name and address of person who cor	moleted cause of de-	th (Item 22a) /	Type D-						
)		with a man apartogo of historia atto col	Pieren canse oi des	(nom 23a) (Abe, PI	mrtj					
)			7525 Cres	ntratt C.	onto	r Dri	#215 0	roonhal	- Man-1	2 20	770
State		Rita Gupta, M.D. 31. Date filed (Month, Day, Year)	7525 Gree			r Drive	#215, G	reenbel	t, Maryla	and 20	770

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 4 2 0 4

						Certificate of	of Death	R	eg. No.	
Dh	vsici		1. Decedent's Name (First, Middle, L	.ast)	711			2. Date of Deel Month	h	3. Time of Death
	iysici: Medic		KOBERT	5.	DYMII	NSICI		OCTOBE		96 12:40 Pm
	camin		4a. Facility Name (If not institution, gr				4b. City, Town, or L	ocation of Death	4c. County of	Deeth
			Prince George's				Cheverly			George's
Fun Dire	eral ctor		189-28-6278	Sex 7. Ag	ge (In yrs. lest bir. 57	thday) If Under 1 Ye Yrs. Months Da		(Month, Dev.	Year) 15, 1938 C	D. Birthplace (Stete or Foreign Country) onway, Pennsylvan
and	**		Usual Residence of Decedent 10a. Stete 10b. County		10c. City, Town	n or Locetion				10d. Inside City Limits
Menyl.	B C B	0	Property of the second	George's	Bowie					1 ☐ Yes 2 K No
r 28a	total	rec	10e. Street and Number			10f. Zip Cod	le	1	0g. Citizen of Who	at Country?
h with	1 P	Funeral Director	16117 Pointer Ri	dge Drive		207	16			ates of Americ
r dea	SIT THE	Iner	11. Maritel Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Was Decedent of	of Hispanic Origin? (Sp Suban, Mexican, Puerto	pecify Yes or No-		American Indian, White, etc.
72 hours after death with the Meryland netural; or Items 23a or 28a-1 show	edical Examiner must be notified at	by	XXNever Married 2☐ Married 3☐ Widowed 4☐ Divorced	1 X Yes 2	No Unknown	1 ☐ Yes 2 🛣		, r. 100.1, 0.0.7	Specify:	White
ithin 72 hours at le.	dical	Completed	15. Decedent's E (Specify only highest gi	Education rede completed)	16a.	Decedent's Usuel Oct	cupation one during most of work tired)	kina	16b. Kind of Bush	ness/Industry
filed within Hygiane.	N N	mpi	Elementary/Secondery (0-12)	College (1-4or	5+)			9	N T	
filed v Hygis	nt, th	ပိ	Twelve Years 17. Fether's Neme (First, Middle, Las			Electrici		ne (First, Middle, M	Newspap	er
9 = 6	90	o Be	Fred Dyminski	•/			Mary Ku		naideir Surname)	
should and Man	met	۲	19a. Informent's Name/Relationship	(Type, Print)	19b.	. Mailing Address (Stro	eet end Number or Ru		Cltv or Town, Sto	ete. Zip Code)
alth end	er tra		John Dyminski	(Brother)	1.	517 Center	Street, C	onway, P	-	· · · · · · · · · · · · · · · · · · ·
	r othe	İ	20e. Method of Disposition		20b. Place of cemeter	Disposition (Name of	plece) Park O	Date	20c. Location - Cit	
Pege ment o	uryo		1 X Buriel 2 ☐ Cremetion 3 (4 ☐ Donetion 5 ☐ Other (Special		Sylvan:	ia Hills M		5, 1996	Rochest Pennsyl	-
permit. Pege Department Important: If	any inj		21. Signature of Funerel Service Lice	#MOC	0690	22. Name end Ad	dress of Facility			7 63.1.2.6
205	ĕ 8		Noward K	J. Cars	CAA		Funeral Host		Pennsv1	vania 15027
			23e. Part1. Enter the diseese, or con shock, or heart failure. List only			not enter the mode of	dylng, such as cardiac	or respiratory erre	est,	Approximete Interval Between
Physic	_									Onset and Deeth
/Med Exami			Immediete Ceuse (Final disease or condition resulting in death)	θ	gastro	intestr	nal h	emore	hage	244
		ē			Due to (or as a c	consequence of):	of 11	•	4	
petn	ansit	Examine		b	CIVV/1	0515	ot 11	ver		3 mon
axec an an			Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		P	consequence oi):		-1		
ficata be axecuted physician and	he br	Medical	Ceuse (Diseese or Injury thet initiated events resulting in deeth) Last	C. —	Due to (or as e c	onsequence of):	um win	· ·		
2 5	e				chr	me re	enal to	ulure		1
death ce	for us	lan		d						
0 0	ched	Physician/	Part II. Other significant conditions	contributing to death b	out not resulting in	the underlying ceuse	given In Pert I.	23b. Did to	bacco use contri	bute to the cause of death?
law requires that the death ce	data							1 🗆 Ye	18 2 No 3	Probably 4 Unknown
uires n sign	ad bi	d by						24a. Was er	n eutopsy 2	24b. Were eutopsy findings
w requires to been signer	shor	Set						perform		evailable prior to completion of ceuse of deeth?
0 -	pege 2	Completed						1□Ye	s 2000	1 Yes 2 No
	tor, p	0	25. Was case referred to medical				26 Place of Deel	th (Check only one		10 165 20 140
Physician this can	dira	10 8	examiner? 1 ☐ Yes 2 XNo	Hospital:	ent 2 ER/Out	tpatient 3 DOA	Other: 4 Nursing Ho			(Specify)
ig i			27. Manner of Deeth 1 ⊠Naturel 5 □ Pending	28a. Date of Inju	ry Year) 28b. T	ime of 28c. In	njury at Nork?	28d. Describe ho		
eath.	the fu	catic	2 Accident investigation	on			☐ Yes 2☐ No			
5 4 5	A C	Certification:	3 Suicide 6 Could not be determined	28e. Plece of inj	jury - At home, fer c. (Specify)	m, street, factory, offic	ce	28f. Location (Sti City or Town	reet end Number (, Stete)	or Rural Route Number,
pital ours e			29a. Certifier 1 Certifying Pt	bundalah Tarkakan	-4	4				
To the Hospital within 24 hours of To the Funeral I	etely	edical	(Check only 2 Madical Ever	minar: On the back of	f avamination and	the investigation to me	e time, date end plece, by opinion, death occur	and as the time of	to and slave and	A division desirate and constant
To the	dwo	¥ E	29b. Signature end title of certifier	Altend	min Phy	5/6/47 29c. Lice	ense number	25	d. Date signed (I	Month, Dey, Yeer)
1	1		Daniel (1. 13	11	m Z	016063		10-2	1-96
(10	//	-	30. Name end eddress of person who	completed ceuse of d	Jeath (Item 23a) (Type, Print)			mo:	20715
			29b. Signature end title of certifier Danial 30. Name end eddress of person who David A. Ba 31. Date filed (Month, pey, Yeer) UC 1 2 9	et-cher	-, mp	14300	Gallant	Fox 1	u., #1	18, Bruie,
	Stat	е	31. Date filed (Month, Dey, Yeer)	32. Registr	ar's Signeture	0				
Reg	gistra	r	00129	1320 1	A SURWING	MANUELL				

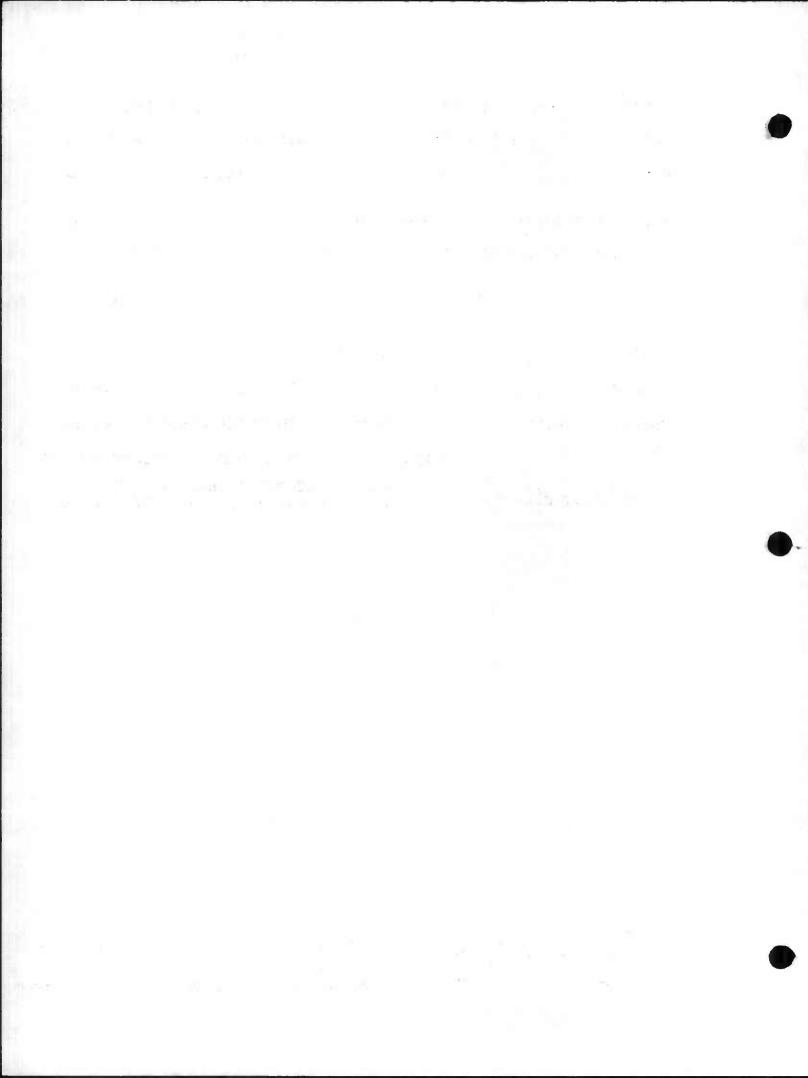
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Section of the second

State of Maryland / Department of Health and Mental Hygiene

Physician / Medical Examiner / SAMUEL (NMN) ELLER /
4a. Facility Nama (If not institution, give street and number) 214 NORTH MULBERRY STREET 4b. City, Town, or Location of Death HAGERSTOWN 4c. County of Death WASHINGTON 4d. County of Death WASHINGTON 4d. County of Deat
Punctor Punctor Punct
Director Page 2 and 1 a
JACUB ELLER BESSIE KUPLAND 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MOLLIE M. ELLER 214 NORTH MULBERRY STREET, HAGERSTOWN, MD. 2174
JACUB ELLER BESSIE KUPLAND 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MOLLIE M. ELLER 214 NORTH MULBERRY STREET, HAGERSTOWN, MD. 2174
JACUB ELLER BESSIE KUPLAND 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MOLLIE M. ELLER 214 NORTH MULBERRY STREET, HAGERSTOWN, MD. 2174
JACUB ELLER BESSIE KUPLAND 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MOLLIE M. ELLER 214 NORTH MULBERRY STREET, HAGERSTOWN, MD. 2174
JACUB ELLER BESSIE KUPLAND 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MOLLIE M. ELLER 214 NORTH MULBERRY STREET, HAGERSTOWN, MD. 2174
19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 214 NORTH MULBERRY STREET, HAGERSTOWN, MD. 2174 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 10c Data 20c. Location - City or Town, Stata
20d. Matnod of Disposition 20d. Matnod of Disposition Data 20d. Location - City of Town, Stata 20d. L
4 Donation 5 Other (Spacify) B NAL ABRAHAM CEMETERY 11-1-90 HAGERSTOWN, MARYLAN
20a. Mathod of Disposition 1X Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Spacify) 20b. Place of Disposition (Nama of cematary, cramatory or other place) B'NAI ABRAHAM CEMETERY 11-1-96 HAGERSTOWN, MARYLAN 21. Signature of Funaral Sarvice Licensee ANDREW K. COFFMAN FUNERAL HOME, INC. 40 E. ANTIETAM STREET, HAGERSTOWN, MD. 2174
Physician Medical Examiner Immediate Causa (Final disass or condition rasulting in death) Dua to (or as a consequence of): Dua to (or as a consequence of):
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disass or injury that inhitiated events resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Complete Compl
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On the state of th
So Page 1 of the second
O f f a
3 Suicida 6 Could not be 288. Place of Injury - At home farm street factory office 281. Location (Street and Number or Bural Bouta Number
29a. Cartifler (Check only one) 29a. Cartifler (Check only one)
296. Signature and title of cartiflar 29c. Licansa number 29d. Data signed (Month, Day, Year) 29d. Data signed (Month, Day, Year)
30. Nama and addrass of person who complated crusa of daath (Itam 23a) (Type, Print) LAWPENCE A. TONES, WID 11110 MED CAMPUS RD HIGHERSTE
State Registrar 31. Data filed (Month, Day, Year) 32. Registrar's Signatura 34. Data filed (Month, Day, Year) 35. Registrar's Signatura

DHMH 16 Rev 6/95



3

State Registrar

31. Data filed (Month, Day, Yaar)

NOV 01

Theodore King M.D.

32. Ragistrar's Signatura

111 Penn Street, Baltimore, Maryland 21201

30. Nama and address of person who completed cause of death (Itam 23e) (Typa, Print)

DHMH 16 Rev 6/95

LANGER LEW MET LE WAY

State of Maryland / Department of Health and Mental Hygiene

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34207

Phys /Me Exan

, Funer Directo

permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natural; or Items 23a or 28a-f show any injury or other traumetic event, the Medical Examiner must be notified at

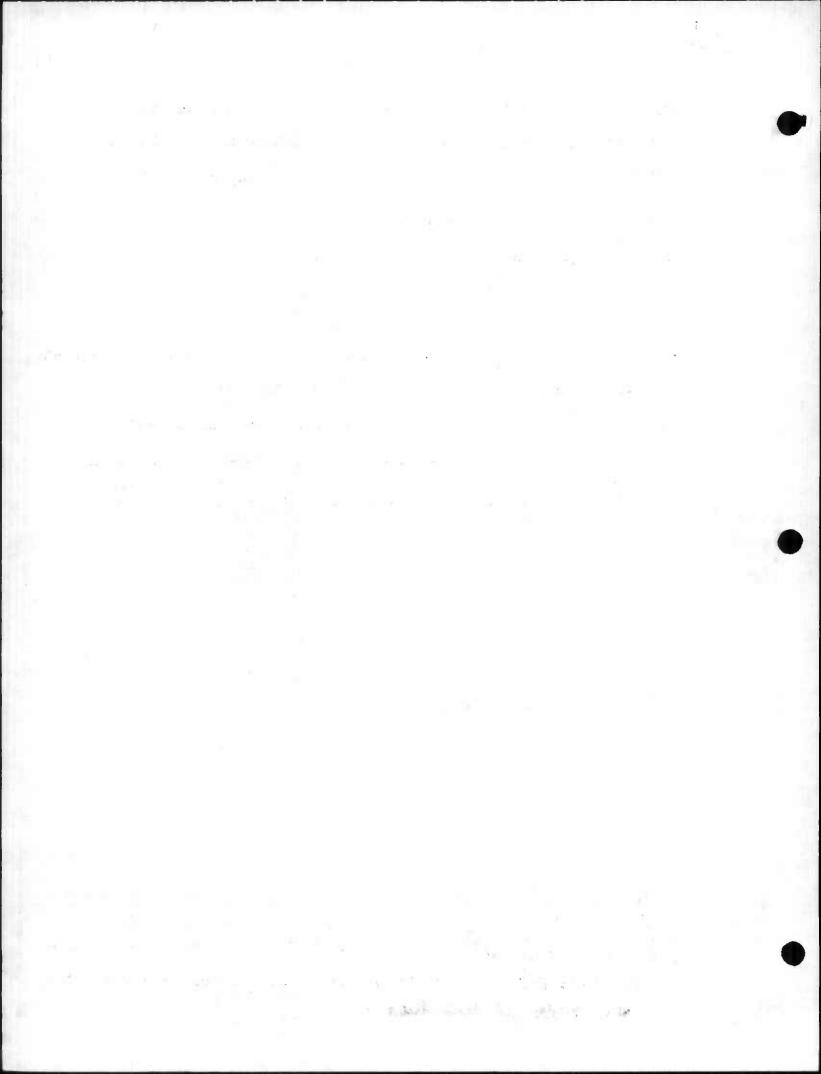
Baltimore, Maryland 21215-0020

Physician /Medica Examine

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use es the buriel-transit Division of Vital Records, P.O. Box 68760,

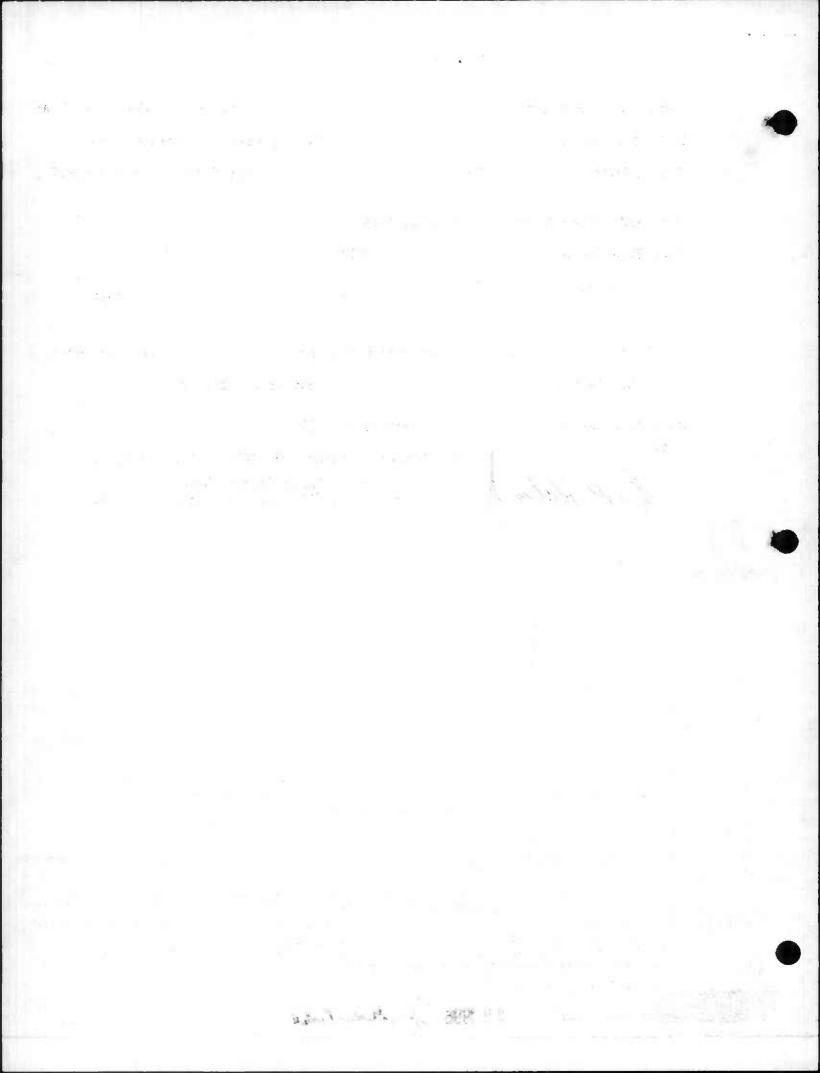
					Ce	lillicate	JI Dealli		Reg. No.	
	1. Decedent's Nam	e (First, Midd	lle, Last)					2. Date of De	ath	3. Time of Death
sician	00100		* 5 5 1		TIP	N T 17		Month	Day	Year
edical	GRACE		IREI		F'1	REY		Nover		,1996 1115a
miner	4a. Facility Name (f not institution	on, give street and n	umber)			4b. City, Town,	or Location of Deet	h 4c. Count	y of Death
	WASHIN	GTON -	COUNTY I	HOSPT	rat.		HAGER	STOWN	WASH	HINGTON
ral	5. Social Security N		6. Sex	T	rs. last birthday)	If Under 1 Y				
ral	213-03-4		1 M 2 F	8				Ain. (Month, De		Birthplace (State or Foreign Country)
tor	Usual Residence of	7 7 7	Λ	0.	1			August	28,1915	Maryland
-	10a. State	10b. County		10.	O'r. T					
	Toa. State	10b. County	7	10c.	City, Town or Lo	ocation				10d. Inside City Limits
5	Maryland	Frede	erick		Smithsbu	rg				1 ☐ Yes 2 ☐ No
Director	10e. Street and Nu	mber				10f. Zip Coo	ła.		10g. Citizen of	Miles Country
ā						Toi, Zip Coi	10		Tog. Citizen of	wriat Country?
100	13416 WG	lfsvil	le Road			21	783		U	SA
Funeral	11. Marital Status		12. Wes Dec	cedent Ever in	n U,S. 13.	Was Decedent	of Hispanic Origin?	(Specify Yes or No Jerto Rican, etc.)	- 14. Ra	ce - American Indian,
교		ed 2 Man	rried 1 Tyes	21 No				derito mican, etc.)	Bla	ck, White, etc.
To Be Completed by Funeral Director	3 ☐ Widowed	4 Divorced	If Yes, G			1 ☐ Yes 2亿	No Specify:		Specif	y: White
8	^	15 Decedes			400 Davis	death Herel O			1	
Completed	(Spec	ify only highe	nt's Education es <i>t grade completed</i>	f)	(Give	dent's Usual Oc kind of work do	cupation one <i>during</i> most of tired)	working	16b. Kind of B	usiness/Industry
문	Elementary/Seco	ndary (0-12)	College	(1-4or 5+)	life.	DO NOT use re	tired)			
Ö	8				Mil1	Worker			Cavetow	n Planing Mill
Be	17. Father's Name	First, Middle,	Last)				18. Mother's I	Name (First, Middle		
To B	Noah Pre	eton (arnand				Mary F	tto Cross	ni alcla	
F								tta Gross		
	19a. Informant's Na	me/Helations	ihlp (Type, Phht)		19b. Mallii	ng Address (St	eet an <i>d Number</i> or	Rural Route Numb	er, City or Town	, Stete, Zip Code)
	Ronald I	ee Fre	≥y		1305	The Ter	race. Ha	gerstown,	Marvla	nd 21742
	20a. Method of Disp	osition		201	o. Place of Dispo	sition (Name o	f	Date		- City or Town, State
			3 Removel from		-	natory or other				
	4 🖰 Donation			S	alem U.	lethodi	st Cemt	11-8-96 V	Volfsvil	le, Maryland
once.	21. Signature of Pu	ral Service	Licensee		22	. Name and Ad	Idress of Facility	F0.4		
9	1	_ >	011	2	. 0				Main S	
-	Ole Peat Faire	40	Kup	ethe	Ri	cketts	Funeral	Home Mye	rsville	MD 21773
	shock, or hear	t facure. List	r complications that only one cause on	each line.	eeth. Do not ent	er the mode of	dying, such as care	diac or respiretory a	rrest,	Approximate Intervel Between
an 📗				Ax	1 -1					Onset end Death
al	Immediate Cause (Final		11/1/11	1.06	Lite.	122			
er	disease or condition resulting in death)	1	a	11101	TIP W	to la	100			
1				Due to	o (or #s a consec	juence of):				
<u>=</u>										
Examiner	Sequentially list cor	nditions	o	Due to	o (or as a consec	uenca of):				
M	if eny, leading to im	mediate								
<u>8</u>	Sequentially list cor if eny, leading to im cause. Enter Under Cause (Disease or that initiated events	injury	c							
edicai	resulting in death) L	.est		Due to	(or as a conseq	uen <i>ce</i> of):				
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an/Me			0							
Physicia	Part II. Other signifi	cant conditie	ane contributing to d	leath but not	reculting In the u	adadvina sausa	shop in Best I	22h Did	tahaasa	madbut to the course of death 0
) ys	· with other eight	built conditio	me contributing to d	Joann Dut Hot I	esutting in the di	idenying cause	given in Part 1.	230. Did	1.0	ntribute to the cause of death?
0								10	Yes 2 No	3 Probably 4 Unknown
by								-		1
Completed								24e. Wes	an autopsy	24b. Were autopsy findings
e								perfo	rmed?	evailable prior to completion of cause
5										of death?
Ö								12	Yes 2□No	1 Des 2□ No
Be	25. Was case referr	ed to medical					OC Diago of F	Dooth (Chapterstee	1°	
0	exa <i>m</i> iner?		Hospitel:		v		Other:	Death (Check only o		
1⊢	1)X)Xes 2□1		10		ER/Outpatien	1 SEL DON	4 Li Nursini	g Home 5 🗆 Resid	dence 6 Oth	er (Specify)
Certification:	27. Manner of Death 1 ☐ Natural	5 Pendin	28a. Date	of Injury oth, Day Year,	28b. Tlme of Injury	28c. I	njury at Nork?	28d. Describe	now Injury occur	ber
atte	28 Accident	Investig	9 //	-96	1028		Yes 2 No	Move	Mout	Masle ingest
5	3 Suicide	6 Could r		a of Injury - A	home, farm, str	et, factory, offi	CO	28f. Location (Street and Numb	per or Burel Boute Number.
T	4 Homicide	determ	build	ling, etc. (Spe	city)	0 0	-	City or Toy	m, State)	Λ
ŏ.	Carrier Company of Company of				27	MEI		K-73 6	ya son	role ut,
Ca	29a. Certifler Check and	1 Certifying	g Phyeiclan: To the	best of my k	nowledge, death	occurred at the	time, dete and pla	ice, and due to the	cause(s) end ma	anner as stated.
edical	John /	LOS Medical E	end man	ner steted.	nation and/or inv	estigation, in n	y opinion, death of	curred at the time,	date end place,	and due to the cause(s)
Σ	296. Signature and t	itle of certifier	1			29c, Lic	ense number		29d. Dete slone	d (Month, Day, Year)
	A X	1	1 1	AND						
	100	riv	Torke	1000		0.	C.M.E.		Novemb	er 6, 1996
	30. Name and addre	es of person	who completed caus	se of death (II	em 23a) (Type.	Print)				
	J. I AROM	1/201	tomo				eet. Ba	ltimore	. Marv	land 21201
	411-010	· LEICH	-11			~ ~ ~	555, 50		,	
	31 Date filed /Month	Day Van-	20 0	Bosisterala C'-	matura					
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PER FIE	D	REP. ITEM 31. P.G.(ate of		2. Data of Da	Reg. No.	6 3	4208
Physic /Med	ical	Ruth M. Flann 4a. Facility Nama (If not institution, give	nery				th City Tourn or	Month Octobe	r 24, 19	Yaar 996 by of Death	3. Tima of Daath 8:00 AM
Funeral		6421 Glen Oak Driv 5. Social Security Number 6. Se	re	In yrs. last birthday Yrs.) If Und	C dar 1 Yaar	amp Spri	ings	Prince	e Georg	ge ca (Stata or Fora y) er, W. Va.
D		Usual Rasidance of Dacadant 10a. Stata 10b. County Maryland Prince Ge		oc. City, Town or L Camp Spr:				, , , , , ,			d. Insida City Limi
sath with the s 23a or 28 mail be not	Funeral Director	10e. Street and Number 6421 Glen Oak Dr.			10f.	Zip Coda 0748			10g. Citizen of USA		
ours efter de	by	11. Marital Status 1 Nevar Marriad Married 3 Widowad 4 Divorced	12. Was Dacedant Eva Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Year or Datas:	arın U,S. 13.		cedent of H pecify Cuba 2 No		Spacify Yas or No rto Rican, atc.)		ce - Amaricar ack, Whita, at fy: Whit	c.
be filed within 72 hours efter death with the Maryland tital Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Exercitive main be notified at	Completed	15. Decedant's Ed (Spacify only highast grad Elamantary/Secondary (0-12) 12th	lucation da complatad) College (1-4 or 5+)	(Giva	a kind of DO NOT	sual Occupa work dona d usa ratired	fu <i>ring</i> most of wo)	orking	16b. Kind of B		ernment
	To Be C	17. Fether's Nema (First, Middla, Last) John B. Plaster			-		Esther	ama (First, Middla Childre	, Maidan Sumar SS	ma)	
1 end Health em 27 ther tr		John J. Flannery 20e. Mathod of Disposition ↑ Bunal 2 □ Cramation 3 □ 1 4 □ Donation 5 □ Other (Specify	Ramoval from Stata		2 as osition (A matory o	item Werna of or othar place	10	Data	20c. Location Brentwo	- City or Town	n, Stata
permit. Pages Depertment of Important: If it any injury or o		21. Signature of Funeral Service Licego	les	Ge 61	2. Nama Porge	and Address P. K Oxon H	s of Facility Calas Fu Hill Rd.	neral Ho Oxon Hi	ome 11, Md.	20745	
Physician /Medical Examiner	3r	23 Fan Enter the disaasa, of composition, or heart failura. List only of immediate Causa (Finel disaasa or condition rasulting in death)	a. att	erosclus	otie	Ca	All	oscul		, 0	Approximata Intarval Batween Onsat and Death
ificete be executed g physician end as the burlal-transit	ai Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disaasa or injury that initiated events	c	a to (or as a conse							
5 00	an/Medicai	rasulting in daath) Last	d	a to (or as a consac	quance of	f):					
that the deed by the deteched	y Physician/N	Part II. Other algnificant conditiona co	ntributing to death but n	ot resulting In tha u	ınderlying	g ceusa give	en in Part I.		tobacco uae co Yes 2 No		he cause of deat
2 S	Completed by								an autopsy ormad?	availa	autopsy findings abla prior to plation of ceusa ath?
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5 0 0	tion: To B	axaminar? 1 Yas 2 No i 27. Mennar of Death 1 Natural 5 Panding Invastigation	Hospital: 1 ☐ Inpatiant 28a. Data of Injury (Month, Day Ye	2 ER/Outpatier 28b. Time o Injury		28c. Injury Work	^{ir:} 4□ Nursing i	Homa 5 Rasi			
を報告に	Certification:	3 Suicida 6 Could not ba 4 Homicida datarmined	28a. Place of Injury building, etc. (S	Specify)		ory, office		City or To			
To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifier (Check only one) 1 ← Certifying Physical Cartifying Physical Exami	reician: To the best of m Iner: On the basis of axe and mannar stated	amination and/or in	h occurre vastigetio	d et the tim on, in my op	e, dete end plece Inlon, daath occi	e, and due to the urred at tha tima,	ceuse(s) end me data and place,	anner es stete and dua to th	ed. na causa(s)
To th withir comp	M	29b. Signatura and titla of certifiar	2.0		2	9c. Licansa	number		29d. Data signe	d (Month, Da	y, Yaar)
6		30. Nama and addrass of person who co	7	(Itam 23e) (Type, 9131 Pis(ها رو way Ro	oad Clin	ton Md.	20735	1(76	
Sta Registr		31. Data filed (Month, Day, Year)	32. Registrar's	Signatura		P.					

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State of Maryland / Department of Health and Mental Hygiene 96

				(Certificate c	of Death		Reg. No.					
	,	1. Decedent'e Neme (First, Middle, Las	it)				2. Dete of De Month		Yaar	3. Time of Death			
Physic /Med		Susie	Amanda Fl	Lynn					- 1	10:30 AM			
Exami		4e. Fecility Nema (If not Institution, give	street end number)			4b. City, Town, or	Location of Deel	4c. County	of Deeth				
		Doctors Commu	inity Hosk	rital		Lanh	am	Prin	ce Geo	orges			
Funera Director		5. Sociel Security Number 6. S 232-66-0335 Usual Residence of Decedent	ex	e (In yrs. last birtl	if Under 1 Ya Months De		8. Dete of Bi (Month, D March	8,1923	9. Birthple Count West	ece (Stete or Foreigr Virgini			
rylend thow		10e. State 10b. County		10c. City, Town	or Location				10	d. Inside City Limits			
e Ma	cto	MD Prince (Georges	Laurel						Yes 2□No			
ith th	Dire	10e. Street end Number			10f. Zip Cod			10g. Citizen of	What Count	ry?			
23e	Ta .	13013 Old Stage	Coach	Road #1				USA					
s 1 end 2 should be filed within 72 hours efter deeth with the Marylend of Heelth end Mental Hygiene. Ifem 27 is merked other than "natural", or items 23s or 28s-f show other traumsite event, the Medical Examiner must be not fod as	by Funeral Director	11. Meritel Stetus 1 □ Nevar Marrlad 2 □ Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yas 2 ☒ If Yes, Give Yeer or Dates:		13. Was Decedent of If Yas, specify C	of Hispenic Origin? (suban, Mexican, Puer No Specify:	Specify Yas or Norto Ricen, etc.)		ck, Whita, a	itc.			
d within 72 hours of dwithin 72 hours of jiene. r than "natural", or the Medical Exam	Completed	15. Decedant's Ed (Specify only highest gre	ucetion de completed)	16e.	Decedant's Usual Oc (Give kind of work do lifa. DO NOT usa rei	cupation ne during most of wo	orking	16b. Klnd of B	usiness/Ind	ustry			
filed within Hygiene.	E C	Elementery/Secondery (0-12) 12th	Collage (1-4or !	5+)	Domestic			Self-E	mplo	ved			
Hygid Hygid	Ö	17. Fethar's Nema (First, Middle, Last)			Domebere		me (First, Middle	1	-	7			
Mental Merical Merical	To Be	William Henry	Jackson			Susi	e Jacks	son	n City or Town, State, Zip Code) 1917 Laurel, MD DC. Location - City or Town, State				
end 2 should be file eelth end Mental Hy n 27 is merked othe er traumatic event	-	19e. Informent's Neme/Ralationship (7		19b.	Meiling Address (Str.	eet end Number or R	ach Rd	per, City or Town, . #1917	Stete, Zip Laur	el, MD			
8 = 5		20e. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐		cematery	Disposition (Name of cremetory or other)	plece)	Date		,	vn, State 0708			
permit. Pe Departmer Important: any injury		4 Donetion 5 □ Other (Specify		Maryla	and Natio		10-28	Laurer	., MD				
permit. Departming of the policy of the poli		21. Signature of Funeral Sarvice Licen	see		22. Neme end Ad	dress of Fecility	oral Ho	ome Tr	n.C.				
		2.7. 71km	hall		4217 91	th St. N	.W. Was	sh. DC	2001	1			
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death certificate be executed e ettending physician and id for use es the bunel-transit	n/Medical Examiner	Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest		Dua to (or es a co	onsequence of): Wyelo consequence of): Yewww	jui le hr	uiken ombos	nia is low	er				
ette d for	cia	Part II. Other significant conditions co	and alternation and an alternation of	ut ant constitue la	Ale a consideration in a second	exhen		Anhanan was an	ndullarian do	the enume of death!			
Sch th	Physician	Part II. Other significant conditions &	intributing to death b	ut not rasuiting in	the undanying ceuse	given in Pert I.		Yes 2 No		the cause of death?			
aw requires as been sign 2 should be	Completed by F						24e. Wes	s en eutopsy ormed?	eva	re eutopsy findings ilable prior to aplation of ceuse eeth?			
The la	E O						10	Yes 200No	1 🗆	Yas 2□ No			
	Be (25. Was case referred to medical exeminer?				26. Placa of Da	ath (Check only	ona)					
Physician: this certific ral director,	2	1 Yes 2 No	Hospital: 1 Inpatie	ent 2 ER/Out	petient 3□ DOA	Other: 4 Nursing	Home 5 ☐ Res	idence 8 □Oth	nar (Specify)			
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or Attending setter death. Director: Aft of in by the further	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	286. Piece of Inj	ury - At home, far c. (Specify)	m, street, fectory, offi	се		(Streat and Numl wn, Stete)	ber or Rurel	Route Number,			
To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical C			examinetion end	death occurred et the /or investigetion, in m								
To the Ho within 24 I To the Fu completely	M	29b. Signatura end title of certifier			29c. Lic	ensa number		29d. Date signe	d (Month, E	Dey, Year)			
(1)		breece	eyu		D.	74124		10/23	1016				

30. Neme end eddress of person who complated causa of daath (Itam 23a) (Type, Print) PADMAJA Si UDAPI 7245 31. Dete filed (Month, Day, Year)

OCT 2 9 1996

HANOVER OFFICE PARK GREENBELT MD

State Registrar 32. Aegistrar's Signatura

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				State of Mary		epartment of F Certificate of I			g. No.	04210
		3	1. Dacedant's Nama (First, Middla, La	ist)				2. Data of Daeth		3. Time of Death
	Physici /Medio		Elsa G. Ferr	4				Month 10	Day 23 Year	6 11:30A
)	Examir		4e. Fecility Nema (If not Institution, give		0.01		4b. City, Town, or Lo	ocation of Deeth	4c. County of Dea	th /
				onvalesc		Center	Crott	00	A.F	rundel
	Funeral Director		169 32 1/65	I∏M X∏E	yrs. last birth	day) If Under 1 Yaer Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, June 21		thplaca (Stata or Foraign ountry)
	and w		Usual Rasidance of Decedant 10a. Stata 10b. County	10	c. City, Town	or Location				10d. Inside City Limits
	Mary Med sh	tor	North Carolina Ne	w Hanover V	Vilming	gton				1 □ Yas 2 □ No
	or 28	Director	10e. Street and Number			10f. Zip Code		10	g. Citizan of What C	ounfry?
	ath w		918 Ewell Drive			2846			United St	
020	n 72 hours after death with the Meryland "neturel", or items 23s or 28s-f show spicel Exeminet must be notified at	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Dacedanf Evar Armed Forcas? 1 ☐ Yes 2 ☑ No if Yas, Giva Yaar or Detes:	in U,S.	13. Was Decedant of H If Yas, specify Cube 1 ☐ Yes 2 ☐ No	lispanic Origin? (Spo an, Maxican, Puerto Specify:	ecify Yas or No- Rican, efc.)	14. Rece - Am Bleck, Whi Specify: W	
2-0	2 hou	ted	15. Decedant's E	ducation	16a. [Decedant's Usuai Occup	ation	1	6b. Kind of Businass	/Industry
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ary	S D E E	2	19a. Informant's Name/Ralationship (19b.	Mailing Addrass (Street	Margar of Run		City or Town, Stata,	Zip Code)
	12 E E E		Dennis Ferry	Son		02 Verdis (
ore,	S C = C		20a. Mathod of Disposition 1 Burial 2 Cramation 3	X 24		Disposition (Nama of cramatory or other place			Oc. Location - City or	
ij	Pages mant of I		4 Donation 5 Other (Specif	Jrianioval nom Stata		er Memorial	I	10/25/96	Wilming	ton N.C.
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signatura of Funaral Sarvice Licer	ISAA .	2000		Evans Fu		ome, P.A. Md. 20715	
			23a. Part1. Enfer tha disaasa, or com shock, or haart failura. List only	pilcetions fhaf caused tha	deeth. Do no	of entar the moda of dyln	ng, such es cardiec d	or raspiratory arras	sf,	Approximeta Interval Batween
	Physician /			•				0		Onsef end Death
T	Examiner		Immediata Causa (Final diseesa or condition rasulting in daath)	a Abd	omen	I Cane	er, 1	contra	m	math
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	outed od ransit	Examiner	Sequentially list conditions	Due Due	for as a co	ensequance of):				1
0,	e axe ilan ar unfal-t		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury	Cal	- C	2411				
68760,	icata be axecuted physician and s tha burial-transit	edical	that initiated avants rasulting in daeth) Lest	C. Dua		nsaquanca of):				
	生四面			d. M.	ela,	noma				
Вох	death cert e attending ed for usa	clar	Doed II. Ohbon olgo Microsh on additions o	and the street of the street of				- COLUMNIA DE LA CALLA		
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	5 68	by F								,
of Vital Records,	aw requir	Completed						24a. Was an perform		Were eutopsy findings available prior to completion of cause of death?
<u> </u>	The ata h	СОП						1 ☐ Yes	2 E No	1 ☐ Yas 2 ☐ NO
/ita	ysician: The second control of	Be	25. Was case refarred to medical examinar?				26. Placa of Death			
of	0 0	T0	1 Yas 2 No		2 ER/Outp	atient 3 DOA Oth	ar: 4 Nursing Ho		nce 8 Other (Spi	ecify)
	Aftar funa	Certification:	27. Mannar of Deeth 1 Natural 5 Panding 2 Accidant invastigation	28a. Dafa of Injury (Month, Day Yea n	28b. Tir Inj	ury Wor	yat k? Yas 2 ∐ No	28d. Dascribe hov	v injury occurred	
Division	or Attendii aftar death. Director: A I in by tha fu	tifica	3 Suicide 6 Could nof b 4 Homicida datarmined		At homa, fam	n, straat, factory, office		28f. Location (Stra City or Town,	aat and Number or F	tural Route Number,
ō	ital or A			bunding, ato. (O)						
	the Hospital or Atr hin 24 hours after of the Funeral Direct mpetaty filled in by	edical	29a. Cartifiar (Check only one)	ysician: To the best of my niner: On the basis of exer and manner stated.	knowledga, mination and/	daath occurred at tha tim or Invastigation, in my o	na, data and place, a pinion, daath occurr	and dua to tha cau ed at tha tima, dat	usa(s) and mannar a ta and place, and du	s stated. a to tha cause(s)
	200	Σ	29b. Signetura and title of certifiar	001		29c. License			d. Date signed (Mon	th, Day, Year)
	(10)		Hrvark	hull		03	15848		10/24/	96
1	(18)		11 .1 -	completed cause of death	(Itam 23a) (T	ypa, Print) 4380efe	inse Ha	y Ga	mbrills	mD 21054
	Sta Registra		31. Data filed (Month, Day, Yeer) OCT 3 0 199	32 Registrar's S	ignatura Luc Roy			8		

activities to the said the said to the said to man of light care in the property of the first of the second

State of Maryland / Department of Health and Mental Hygiene 96 34211

						Cei	rtificate	e of	Death			Reg. No.		711611
	Physici	an	Decedent's Neme (First, Middle, L	ast)	+ 1		,				2. Dete of De	eth	Year .	3. Time of Death
V.	/Media	al	John		rede	rici	-				Octobe		1996	10:13 AM
	Examir	er	4e. Fecility Neme (If not institution, g Doctors Comm	unity Hosp					Lan	<i>lham</i>	ocation of Deet	Princ		rges
	Funeral Director		5. Sociel Security Number 6. 578 34 7034 Usuel Residence of Decedent	Sex 7. Ag	e (In yrs. lest i 69	birthday) Yrs.	If Under Months	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bir Month, De May 10	rth 1927	Coun	lece (Stete or Foreign ty) ington D.C
	you make		10e. State 10b. County		10c. City, To	wn or Lo	cation		-				1	0d. Inside City Limits
	the Mery 28a-f sh	Director	Maryland Prince	George's	Bow	íe	10f. Zlp	Code				10a Chinas at l	Affect Course	1ÆYes 2□No
	ath with	ral Dir	13310 Katrinka I			- ,		20	720			10g. Citizen of Unite	d Sta	tes
Maryland 21215-0020	n 72 hours after death with the Meryland "natural", or items 23s or 28s-f show added Examinet must be notified at	t by Funeral	11. Maritel Stetus 1 ☐ Never Married 2 ঐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? Yange Yes 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No		Was Deced f Yes, spec 1 ☐ Yes 2				ecify Yes or No Ricen, etc.)	Specif	e - Americ ck, White, Wh	
15-(i within 72 ha iene. ' than "natur	Completed	15. Decedent's I (Specify only highest g	Educetion rade completed)	16	(Give	lent's Usue kind of wor	k done	during mos	it of work	ing	16b. Kind of B	usiness/Ind	dustry
12	withly ene. than	дшс	Elementary/Secondery (0-12)	College (1-4or 5	i+) Wa		<i>Nor</i> us Water		,	ent		City	v of	Bowie
d	라는 다른 아이트	Be Co	17. Fether's Neme (First, Middle, Las	st)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				e (First, Middle	, Maiden Sumen		DOWIC
<u>Ian</u>	0 0 0 0 0	To B	Anthony Francis	Federící					G	race	Fabriz	ío		
lan			19e. Informent's Neme/Reletionship	(Type, Print)	1	9b. Mellir	ng Address	(Street	end Numb	er or Rur	el Route Numb	er, City or Town	Stete, Zip	Code)
	Health Health Health Health Hear 27 I		Jacqueline E. Fe	edericí w					ka Dr:	íve :		aryland		
Baltimore,	S = = 0		20e. Method of Disposition 1 23 Buriel 2 Cremetion 3 4 Donetion 5 Other (Special Contents)		ceme	tery, cren	sition (Nem netory or of coln	her ple	*	10	Dete 0/28/96	20c. Location	-1	wn, Stete Maryland
Balt	permit. Page Depertment of Important: If any Injury or once.	2 0	21. Signeture of Funeral Service Lice	6	Da	R	Name end	F	Fyane	Fin	neral H	ome, P.	Α.	
			23e. P. rt1. Enter the diseese, or conshock, or heart feilure. List only	mplications that caused	the death. D	o not ent	6000 ar the mode	Anna of dyir	apolis	s Rd cerdiec	 Bowie or respiretory e 	Md. 20	715	Approximete
1	Physicían		shock, or heart fellure. List one	y one ceuse on each iir	10.									Intervel Between Onset end Deeth
	/Medical Examiner		Immediete Ceuse (Final diseese or condition resulting in death)	· Acute	My	ocar	dia	l]	Infra	reti	an			4 days
		2	resulting in dealiny			e conseq	juence of):		V					
	uted d ansit	Examiner		D	onary	A	rtery	1	عدر	ear	R		İ	4 years
o,	an end	Exa	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that included exactly		Due to (or es-	a conseq	uence or):						-	0
68760,	icete be executed physiclan end s the buriel-transit	edical	filet illifieten exelliz	c	Due to (or es	e conseq	uence of):							
×	ding se es	W.												
	0 0 0	Physician/	Pert II. Other significant conditions	contributing to death be	ut not resulting	In the ui	nderlying ce	use giv	en in Pert	l.	23b. Dld	tobacco use co	ntribute to	the cause of death?
P.0	thet the led by th deteche										10	Yes 200	3 Prot	ebty 4 Unknown
	es De d	l by									040 14400	Gallinacius.	24b W	ere eutopsy findings
Records,	law requires as been sign	Completed										en eutopsy ormed?	COL	pileble prior to mpletion of ceuse deeth?
E E	0 - 6	EO									1 🗆	Yes 200 No	10	Yes 2□ No
Vital	Physician: The this certificate ral director, peg	Be	25. Wes cese referred to medical examiner?						26. Place	e of Deet	h (Check only	one)		
of	S 00 0	P	1 ☐ Yes 2 No	Hospitel: 1 Inpatie		Outpetien			4 LI N	ursing Ho	me 5 🗆 Resi	dence 6 Oth	er (Specif))
ono	After fune	ation:	27. Menner of Deeth 1 Neturel 5 □ Pending 2 □ Accident investigati	28e. Date of Injui (Month, Day	Year) 28b	Time of Injury	M 28	Bc. Injur Wor 1 🗀	ryet rk? Yes 2 □	No	28d. Describe	how injury occur	red	
~	or Attend efter death Director: A I in by the f	Certification:	3 Suicide 6 Could not determined			ferm, str	eet, factory,	office			28f. Location (City or To	Street and Numi wn, Stete)	er or Rura	l Route Number,
	Hospita 4 hours Funeral tely fillec	edical C	29a. Certifier 1 Certifying P (Check only one) 2 Medical Exa	hysician: To the best of miner: On the besis of end menner sta	examinetion (ge, deeth	occurred e	t the tir	me, dete en opinion, dee	nd plece, oth occurr	end due to the red et the time,	ceuse(s) end me date and plece,	enner as st end due to	eted. the ceuse(s)
	To the H within 24 To the Fu complete	X	29b. Signeture end title of certifier	1			29c.	Licens	se number	-		29d. Dete signe		* * * * * * * * * * * * * * * * * * * *
		5	182	on	MO				359				24/9	
(0/ 1Va		30. Name and address of person who Peter Eckberg	completed cause of de	300 (300 (300)) (Type, La lla	Print)	by L	ane	世山	0 B.	wie,1	10 2	20715
			31. Dete filed (Month, Day, Yeer)											

may be any

E P HOLEY E

•		FilmG742 item 23,27 per	State of Man						leg. No.	96	34212
Ohase	ialaa	1. Decedent's Neme (First, Middle, Les	t)					2. Dete of Dee Month	th Day	Yeer	3. Time of Death
	ician dical	A VICENTIA MAT	rie		GOR	MUS	5	NOVEMBE	R 09,	1996	1300PM
Exar	niner	4e. Fecility Name (If not institution, give	street end number)			- 1	4b. City, Town, or	Location of Deeth	4c. Count	ty of Deeth	
		ST. MARY'S HOSPITA			Witness .		LEONARDI			_	'S COUNTY
Funer Direct		5. Sociei Security Number 6. Sec. 214-02-2636 10 Usuel Residence of Decedant	0X ☐ M+ XXF 30 (//	n yrs. lest bi	Yrs. If Under Months	Deys	If Under 24 Hrs Hours Min	(Month, Dey	, 1966	9. Birthp Cour Wash:	place (State or Foreign htry) ington, D.
he Maryland 28a-f show	ector	10a. Stete 10b. County	10		usby						i0d. fnside City Llmlts 1 ☐ Yas 2XXIIIo
23a or	Funeral Director	718 Cougar Ct.			10f. Zip	2065	7	1	0g. Citizen of	J.S.A.	
ore, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, ins Maddeal Exarring Date to nutified at	by Fune	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates:	r in U,S.	13. Wes Deced	cify Cube	lispenIc Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		ece - Americ eck, White,	
21215-0020 d within 72 hours aff glene. r than "natural", or	Completed	15. Decedent's Edi (Specify only highest gred Elementery/Secondary (0-12)	fe completed) Collaga (1-4or 5+)		life. DO NOT us	rk done sa retired	during most of wo	orking]	Dept.	of Det	fense
Maryland 2 d 2 should be filed the end Mental Hygic 7 Is marked other treumatic event, II	Be Co	Maurice W. Juma	N/A alon	P	rogram Ar	na r y		me (First, Middle, I			ernment
Aaryla 2 should end Men Is marke	2	19e. Informent's Nema/Reletionship (T	vne Print)	19	Mailing Address	/Streat	end Number or B	urel Route Number	City or Town	State Zin	Code
M2 and 2 and		John R. Gorr						by Maryla	-		(0006)
Baltimore, IV permit. Peges 1 end. Depertment of Health Important: If Nem 27. eny Injury or other tr		20e. Method of Disposition 15 Burial 2 □ Cremetion 3 □ F 4 □ Donation 5 □ Other (Specify)	Removel from Stata	20b. Piece o	of Disposition (Namery, cremetory or or	ne of ther plea	a) Nov.	13, Dete	20c. Location	- City or To	
Baltimo permit. Page Depertment of Important: If eny Injury or		21. Signeture of Funeral Service Licens		resu	rrection			1996 (ee Funera	Clinton	n, Mai	ryland
n age	OUCE	145 6.	#								Md 20735
Physicia /Medica Examine	ai	shock, or heert feilura. List only of immediate Ceuse (Finel disease or condition resulting in deeth)	AMNIOTIC FL	to (or es e	consequence of):						Intervel Between Onset end Daeth
Cete be executed physician and the buniel-transit	Exai	Sequentielly list conditions, if eny, leeding to immadiate causa. Enter Undarlying Ceuse (Disease or injury	Due	to (or es e	consequence of):					1	
. BOX b8/bU, death certificate be executed e ettending physician and of for use es the buriel-transit	v/Medicai	resulting in deeth) Lest	Due	to (or es e	consequenca of):						
bet the deteched	by Physician/M		ntributing to death but no	ot resulting i	n tha underlying ca	ause giv	en in Pert f.		obacco uas co es 2⊠No		o the causa of death?
require should	Completed t							24a. Wes e perform		CO	ere eutopsy findings ellebla prior to mpletion of cause deeth?
The law cate hes to pege 2 s	Con							1 1 Ye	es 2 No	16	∃Yes 2□ No
vician: The certificate rector, peg	Be	25. Wes casa raferred to medical exeminer?						ath (Check only on	e)		
ing Physical distribution	lon: To	27. Manner of Deeth	1 🗵 Inpatient 28e. Data of Injury (Month, Day Ye		Time of 28	8c. Injun	/ et k?	tome 5 Reside			y)
DIVISION Hospital or Attending 24 hours efter deeth. Funeral Director: Afte	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Plece of Injury - building, etc. (S	At home, fa	M street, fectory		Yas 2□No	28f. Location (St City or Town	reet and Num n, Steta)	ber or Rura	I Route Number,
To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edicai C	29e. Certifier 1 Certifying Physic (Check only one) 2 Medical Examination	elclan: To the best of my ner: On the basis of exa end menner steted.	y knowledge mination en	e, deeth occurrad a d/or Investigetion,	at tha tim	ne, date end pleca pinion, deeth occu	t, end due to the ca arred et the time, da	ausa(s) and mate end place,	anner as st , and due to	teted. the ceuse(s)
To the within 2 To the	×	29b. Signeture end title of certifier	1 . 0,		29c.	. License	number	2	9d. Dete sign	ed (Month,	Dey, Year)
		Mentre	melhul			0.	C.M.E.	N	OVEMBE	R 10,	1996
		30. Name end eddress of person who co	empleted cause of deeth	(Item 23e)	(Type, Print)						

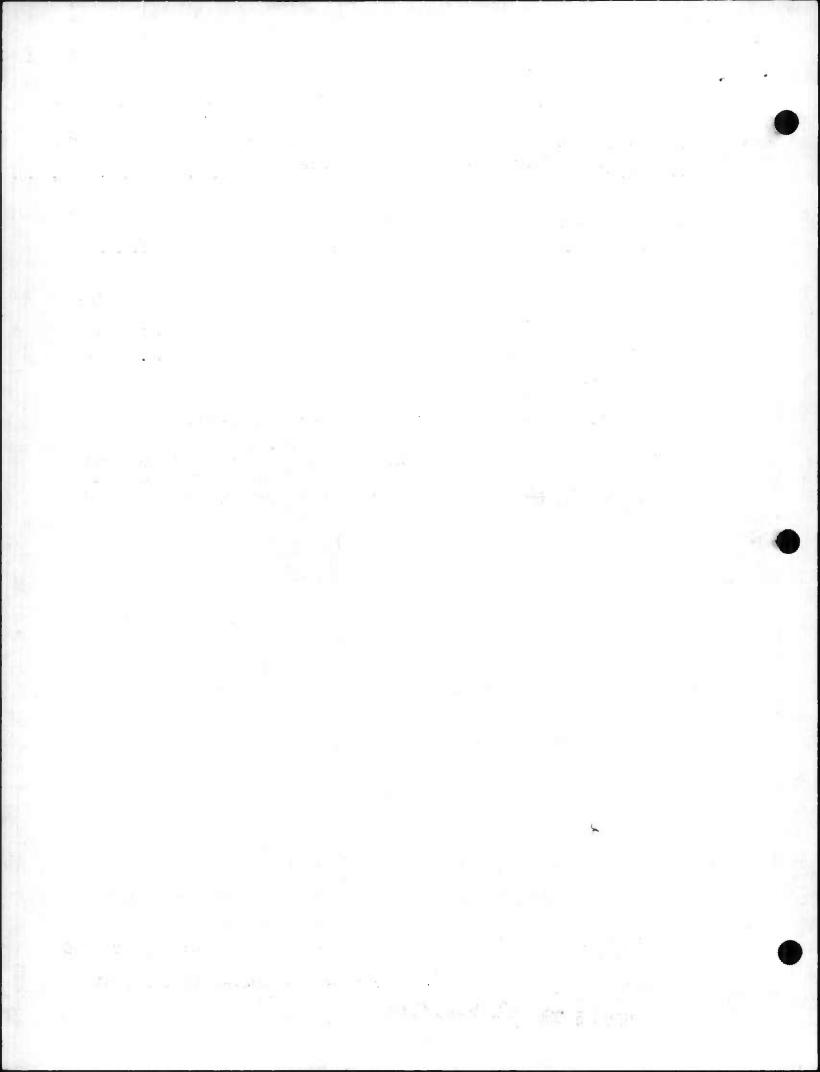
State Registrar

MARYMAN N. (LONGL M. 111 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Day, Year)

NOV 1 5 1996

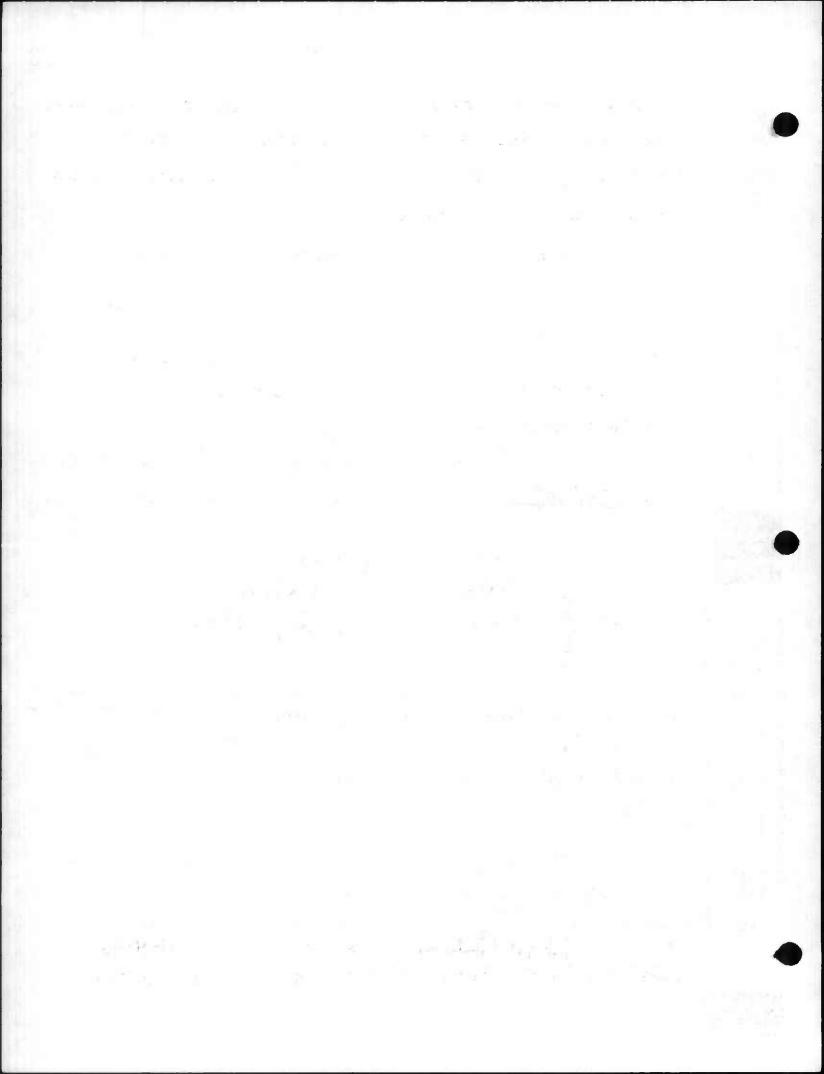
July Davids Randell



State of Maryland / Department of Health and Mental Hygiene

34213

						Ce	rtificate	of	Death			Reg. No.		
	Physic /Med		Decedent's Name (First, Middle, JOHN C	Last) CHARLES	(GOODE					2. Date of De Month NOV .	eth O4,	1996	3. Time of Deeth 2:00PM
	Exami		4e. Fecility Neme (If not institution, PHYSICIANS	give street and no MEMORIAI		HOSPITAL			4b. City, To		Location of Deet	4c. Coun	ty of Deeth	
	Funeral Director		5. Sociel Security Number 578-18-1520 Usuel Residence of Decedent	3. Sex 1	7. Age	(In yrs. lest birthday Yrs.	If Under 1 Months	Year Deys		24 Hrs. Min.	8. Dete of Bir (Month, De May 28	y, Year)		olece (Stete or Foreign otry) Cyland
	e Maryland 3a-f show	ctor	10e. Stete 10b. County Maryland Char	les		10c. City, Town or L Marbu							1	0d. Inside City Limits 1 Yes 2\ No
	vith th	Dire	10e. Street end Number				10f. Zip C	ode				10g. Citizen of	Whet Cour	ntry?
	a 23	er a	4850 Bicknell		- d t E				0658	1 1 0 10			S.A.	
21215-0020	72 hours effer death with the Maryland natural, or items 23a or 28a-f show a cal Examiner must be notined at	d by Funeral Director	3 ☐ Widowed 4 ☐ Divorced If Yes, Give 1 Yeer or Dates:		1 ☐ Yes 2 ☑ No			Hispenic Origin? (Specify Yes or Noben, Mexican, Puerto Ricen, etc.) Specify:			Spec	en Indien, etc.		
		Be Completed	15. Decedent's (Specify only highest Elementary/Secondery (0-12)	Education grede completed; College (-)	dent's Usual of kind of work DO NOT use	Occu done retire	petion during mos ed)	t of wor	king	16b. Kind of		dustry
	Hygie Ther ther	ပိ	17. Fether's Neme (First, Middle, La	ist)		Fir	eman	_	18 Mothe	ar's Nam	ne (First, Middle,	F.A.		
lan	should be filed within and Mental Hygiene. marked other than Imatic event, the M	To Be	Cleveland L.										(IIIO)	
Maryland	2 should be and Mental is marked o	-	19e. Informent's Name/Relationship			19b. Mail	ng Address (S	Street			rel Route Numb		n, Stete, Zip	Code)
_			Virginia M. G	oode	Wif	e Sam	e as	# 1 (00	'				
ore	Pages 1 nent of Hk nt: If Itan iry or oth		20e. Method of Disposition 1	□ Removel from	Stete	20b. Plece of Disponentery, cre	naitian /Alama	al		er	7,1996	20c. Location	- City or To	wn, Stete
Baltimore	Pa Int:		4 Donetlon 5 Other (Spe	cify)		Park Hi	ll Cer	net	tery				ry, N	Maryland
Ba	permit. Departrimports any Inju		21. Signeture of Funeral Service Lic	cansee			2. Name end . Villia				al Home	P.A		
	A.C.		23a Part Fotor Wa dispass or or	Mes-	MOC)668	Rt. 22	2.5	. Ind	liar	Head.	MArv		20640
1	Physician		23a. Pert1. Enter the disease, or co shock, or heart failure. List on	ly one ceuse on	eech line	e.	ter the mode t	or uyı	ng, such es	Cerulac	or respiretory e	rest,		Approximete Intervel Between Onset end Deeth
Ų	/Medical		Immediete Ceuse (Finel diseese or condition	()		00	(· .	+					
	Examiner		resulting in death)	е.	D	oue to (or es e conse	quence of):		Mal					
-	pe #s	in a		b a	the	ne slug	tec 1	اخذ	int V	In	and it			
	secut end el-tren	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	(D	ue to (or es e conse	quence of):		(3		0			
68760,	siclar b buni		thet initieted events	c	and	wyczat	ly	-	Ulm	ma	- 1 wit	ero		
	certificate be executed ding physician end use as the buriel-trensit	VMedical	resulting in deeth) Lest		D	ue to (of as alsonsed	luence or):			O			1	
Box				d									<u> </u>	
	the etter	Physicia	Pert II. Other significent conditions	contributing to d	eath but	not resulting in the u	nderlying cau	se giv	ven in Pert I		23b. Dld	obacco use c	ontribute to	the cause of death?
, P.O	taw requires that the death as been signed by the etter 2 should be detached for		Status Post Co	rang an	try	By Par	o Su	w	190	11	10	Yes 2□ No	3 Prof	pably 4 Unknown
of Vital Records,	an sign	ed by	00 0		- 4	3		0 -	.)		24a. Wes	en eutopsy		ere autopsy findings
000	s bee	plet	Julmany Cd	Lung							perfo	rmed?	co	eileble prior to mpletion of cause deeth?
Ä	0 - 0	Completed	Diabetes M	Mita	. 1	Lon Insu	lu M	y	meler		101	res 2 No		Yes 2 No
/ita	ician: Th	Be	25. Was case referred to medical exeminer?						26. Plece	of Deel	th (Check only o	ne)		
of \	hys his idi	2	1 Yes 2 No		Inpatient			Oth	4 L Nu	rsing Ho	ome 5 Resid	dence 6 □Ot	her (Specif	1)
uo	ding Ph h. After th funeral	lon	27. Menner of Death 1 □ Naturel 5 □ Pending	28e. Dete (Mon	of Injury th, Dey	Year) 28b. Time o	28c	Wo		No	28d. Describe h	now Injury occu	rred	
Division	deeti ctor: y the	fical	2 Accident investiget 3 Suicide 6 Could not	be one Disease	of Injun	v - At home, farm, str			Yes 2□I	140	28f. Location (Street end Number or Rurel Route Number,			
Ö	s after	Certification:	4 Homicide determine						City or Tov	m, Stete)	00, 0, 1,00	7710010770111007		
	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral process.	edical	29a. Certifier (Check only one) 1 Certifying F	Physician: To the sminer: On the b	asis of e	my knowledge, deeth xaminetion end/or in od.	occurred et t restigation, In	he tir my o	me, dete en pinlon, deel	d plece, th occur	end due to the cred et the time,	ceuse(s) end m dete end piece	enner es si end due to	eted. the cause(s)
	To t	Σ	29b. Signeture end title of cartifier		1	4	29c. L	icens	e number			29d. Date sign		
			•	And	17	he Ms		-01	009			11-	4-96	3
			BURKE, HENRY, M	D 115-A	LA	GRANGE AV	ENUE F	0.0	. BOX	253	39 LA PL	ATA , N	1D 206	46
	Sta Registr	_	31. Dete filed (Month, Day, Year) NOV 0 6	1996 ^{32. F}	legistrer's	s Signature	dall							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

(-i/(a+ta Mon	AL HYCIENE								
1. DECEDENT'S NAME (First, Middle, Last) 2. DAT MON	REG. NO.								
1 17 17 1 1 W 17	TE OF DEATH 3. TIME OF DEATH	Н							
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	E OF BIRTH 8, BIRTHPLACE (State or For	relan							
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9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH	19-1915 Virginia								
The state of the s	9c. COUNTY OF DEATH								
PENINSULA REGIONAL MEDICAL CENTER SALISBURY	WICOMICO								
PENINSULA REGIONAL MEDICAL CENTER SALISBURY PENINSULA REGIONAL MEDICAL CENTER SALISBURY 10c. CITY, TOWN OR LOCATION Maryland Wicomico Solisbury	10d. INSIDE CITY								
Maryland Wiconico Salisbury	LIMITS?	NO							
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Laborer saw mill	Lumber								
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Ned Gillett Maltilda Spencer									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num 19c. Tall the street Num									
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	Pad Pocomoke Md.	isRi							
New Church,	Va.23415								
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State of Maryland / Department of Health and Mental Hygiene 96

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r	Physici		Clarence Wil				Novemb	Day	1996	0345 an	1		
	/Medic Examir		4a. Fecility Neme (If not institution, g		XU			4b. City, Town,	or Location of Dee		ty of Death	0313201	
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Н	Funeral				e (In yrs. las	t birthday)	If Under 1 Year	Hager	STOWN irs. 8. Date of B				an .
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State of Maryland / Department of Health and Mental Hygiene

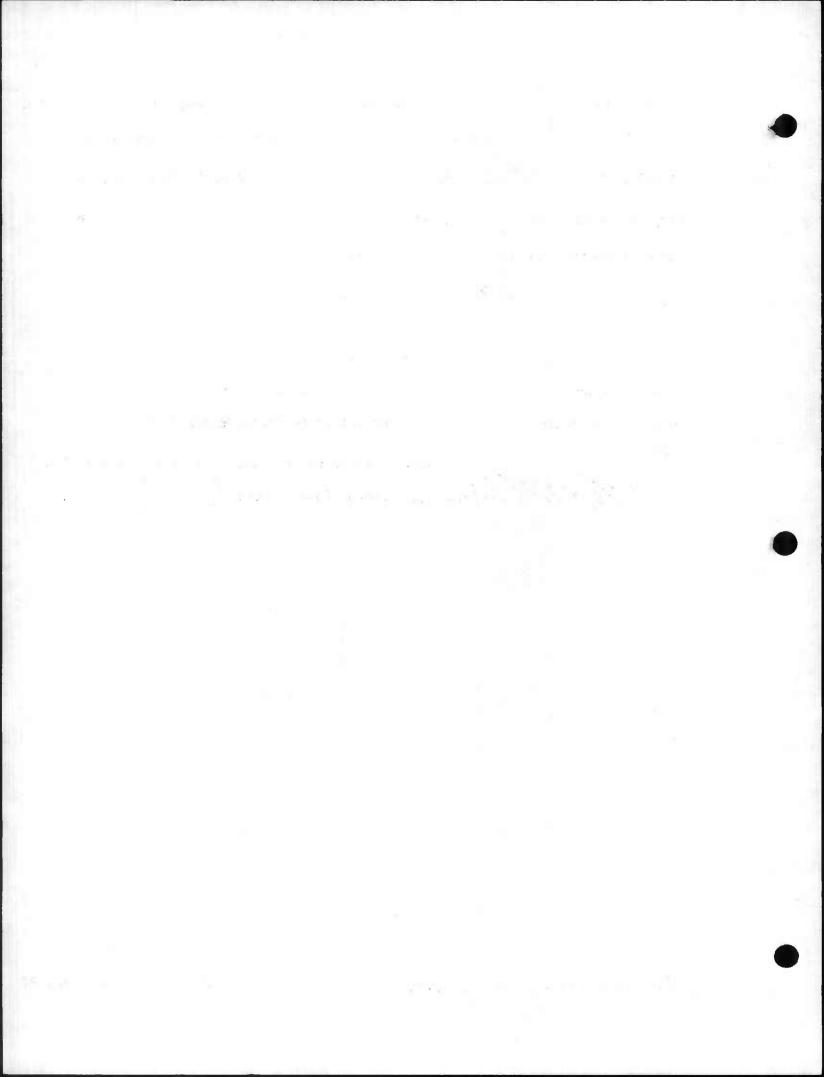
Certificate of Death

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	Physici /Medi		1. Decedent's Nama (First, Middla, La Regina Irene GEO	*					2. Date of D Month	Bay /	796	3. Tima of Death 14/0
	Examir	er	4e. Fecility Nama (If not institution, giv					4b. City, Town, or I	ocation of Dee	th 4c. County	of Deeth	
			Washington Count	y Hospital	-			Hagers		Wa	shing	ton
	Funeral Director		5. Social Sacurity Number 6. S 220–16–3591	DM OFF	e (In yrs. last '9		Under 1 Yea onths Deys		(Month, D	irth Pay, Year) 4,1917		lace (Steta or Foreigr try) land
	p .		Usuai Rasidanca of Decedent									
	how the	_	10a. Stata 10b. County		10c. City, To	own or Location	on				10	0d. inside City Limits
	h the Marylen r 28a-f ehow	ct	MD Washing	ton	Hag	gerstow	m					1 ☐ Yas 2 ☒ No
	ith th	Sire	10e. Straat and Number			1	10f. Zip Code			10g. Citizan of	What Coun	try?
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	172 hours effer deeth with the Maryland "naturel", or flems 23a or 28a-f show idical Examiner must be notified at	Funeral Director	11. Maritai Status	12. Wes Decedant 6 Armed Forces?	Evar in U,S.	13. Was	Decedent of	Hispanic Origin? (S ban, Maxican, Puert	pacify Yas or N	lo- 14. Rac	ce - Amaric	
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Maryland	C1 0 2 6		Richard L. Heck,	, ,				et and Number or Ru				
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Baltimore,	it. P		4 ☐ Donation 5 ☐ Othar (Specification 21. Signature of Furrieral Sarvice Licer		Kos	e Hill			6-96	nagers	LOWII,	Maryland
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S. B	The lew requiras that the death ale has been signed by the attar pege 2 should be deteched for u	Physicia	Part ii. Other significant conditions of	ontributing to death bu	it not rasulting	g in tha undar	tying cause g	iven in Part I.	23b. Die	I tobacco use co	ntribute to	the cause of death?
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£	hyslo his o	၉	1 ☐ Yas 2 🔀 No	Hospital: 1 inpatie	nt 2 ER/	Outpatient 3	DOA O	ther: 4 Nursing H	ome 5□Ras	sidance 6 🗆 Oth	er (Specify	0
٦	ng P	 	27. Mannar of Death 1 Natural 5 ☐ Panding	28a. Data of injur (Month, Day	Year) 28t	o. Tima of injury	28c. inju	ury at ork?	28d. Dascribe	how injury occur	red	
sio	Attending Physician: or death. octor: After this certific by the funeral director,	cat	2 ☐ Accident Investigation			- 1	M 1[Yas 2□No				
Division	l or Attending Phys after death. Director: After this I in by the funeral d	Certification:	3 ☐ Suicida 6 ☐ Could not be datermined	28a. Place of Inju building, etc	ry - At homa, . (Specify)	farm, streat,	factory, office	9		(Street and Numl own, Stata)	per or Rura	Route Number,
	urs al ral D											
	To the Hospital or Attending Physician: The i within 24 horus siter death. To the Funeral Director: After this certificate he completaly filled in by the funeral director, page	Medical	29a. Cartifiar (Check only one) 1 ☐ Certifying Ph	ysicien: To the best o niner: On tha basis of	examination:	lge, death occ and/or investi	curred at tha t gation, in my	time, date and placa, opinion, daath occur	and dua to the	cause(s) and ma , data and place,	annar as stand due to	ated. tha cause(s)
	ithin of the mple	Me	29b. Signatura end titla of certifier	end mannar stal	tea.		29c Licen	nse number		29d. Date signe	d (Month I	Day Year)
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-			1164 00	0								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Ivia	li ylai i		icate of			Reg. No.	16 3	4211
	Physici	an	1. Decedent's Name (First, Middle, Las Goldie	st)		Gard	lnor		2. Date of De	ber 3	Year 96	3. Time of Death 1:30AM
1	/Medi	cal	4a. Facility Name (If not institution, give	street and number)		Gard		4b. City, Town, or				1:30AF
	Examir	ıer	Avalon Manor		NC.				stown		ashing	gton
	Funeral Director		5. Social Security Number 216-22-8019 Usuel Residence of Decedent	ex 7. Age	(In yrs. le		Under 1 Yeer onths Deys	If Under 24 Hrs Hours Min.	(Month, Da	th ay, Year) 10,1927	9. Birthplace Country) Mary I a	e (State or Foreign and
	yland		10a. State 10b. County		10c. City	Town or Location	on				10d.	Inside City Limits
	e Mar	Director	Maryland Washing	ton	Hag	erstown						1 Yes 2 No
	with th	Dire	10e. Street and Number 429 W. Franklin S	+===+		1	of. Zip Code 21740			10g. Citizen of		7
	me 23	Funeral	11. Maritel Status	12. Wes Decedent E	ver in U,S	6. 13. Was		r Hispenic Origin? (S ean, Mexican, Puerl	pecify Yes or No		ISA ce - American I	
020	ours aftar ral', or he Examine	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 □ Yes 2 No. If Yes, Give Year or Dates:	0		s, specify Cub Yes 2		o Rican, etc.)	Specif.	ck, White, etc.	hite
Baltimore, Maryland 21215-0020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show may fairty or other treumstic event, the Medical Examiner must be notified at 2006.	Completed	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)	ucation de com <i>pleted)</i> College (1-4or 5-	+)		of work done VOT use retire	pation during most of world)	rking		iusiness/Indust	try
195	Hygie other	Be Co	17. Fether's Neme (First, Middle, Last)			House	vork	18. Mother's Na	me (First, Middle	Hom , Maiden Sumer		
ylar	ould be filed within I Mantal Hygiene. mrked other than wific event, the M	ToB	Isaac Myers					Cora	Myers		10	
Man	2 should and Man la marke reumatic		19a. Informant's Name/Reletionship (7					and Number or Ru		-		de)
e,	Health Health tem 27		Ronnie H. Gardne 20e. Method of Disposition	Γ	20b. Pla	ace of Disposition metery, cremato		lear Spr	Date Date	20c. Location		State
mo	Peges nent of h ant: If ite		1 Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify					al ParkN	ov.6.199	96 Willi	amsnor.	t. MD.
Balti	permit. P Departme Importan any injur		21. Signature of Funeral Service Licen	21/1		22. Na	me and Addre		P.().Box 34	18	
	Physician		23a. Pert1. Enter the disease, or comp shock, or heart failure. List only	olicetions that caused tone ceuse on each line	the death.				WI	lliamspo rrest,	Ap	pproximate terval Between nset end Deeth
7	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	e Mit	anti	LE	Canci	Long	Anny			6 meth
		Jer		che		as a consequen	ce of):	0. 1				
,	ificeta be executed g physician and as tha burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	D		as e consequen	ce ot):	1 Colonon	من من	run		3~
68760,	ficeta be physicia as tha bur	edicai	Cause (Disease or Injury thet initiated events resulting in death) Last	C	ue to (or	es e consequend	ce of):					
Box	th cert ending r usa	an/M		d								
0.	ires that the death certifi signed by the attending d be dateched for usa a	Physician/M	Pert II. Other significant conditions co	ontributing to death but	not resu	iting in the under	lying cause giv	ven in Part I.	23b. Did	tobacco use co	intribute to the	e cause of death?
۳.	that the ed by dated								19	768 2□ No	3 Probabi	ly 4 🗆 Unknown
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Vita	ysicien: This cartificata director, pag	Be	25. Was case referred to medical examiner?	Hospital:			04		ath (Check only	one)		
ou of	ling Phys	tion: To	27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month, Day	,	28b. Time of Injury	28c. Inju	ry at	28d. Describe	dence 8 Oth		
Divisi	75 - C	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined			me, farm, street,		100 22.10	28f. Location (City or To	Street and Numi wn, State)	ber or Rural Ro	oute Number,
	To the Hospital of within 24 hours at Yo the Funeral D complately filled it	edicai (29a. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	valcian: To the best of iner: On the basis of and menner stet	examineti	rledge, death occorn and/or investi	curred et the tingetion, in my o	me, dete end place opinion, death occu	, and due to the irred at the time,	cause(s) end m date and place,	enner as stete and due to the	d. e cause(s)
	To th To th comp	W	29b. Signature and title of certifier				29c. Licens			29d. Date signe		
				t mo				8019		Nov (٦, ١٩٩٤	P
			30. Name and address of person who of	AMD.					A	tagens	duwn,	MD217K
	Sta Registr		31. Date filed (Month, Day, Year) NOV 0 6 19	96 June	s Signatu	Redall				•		

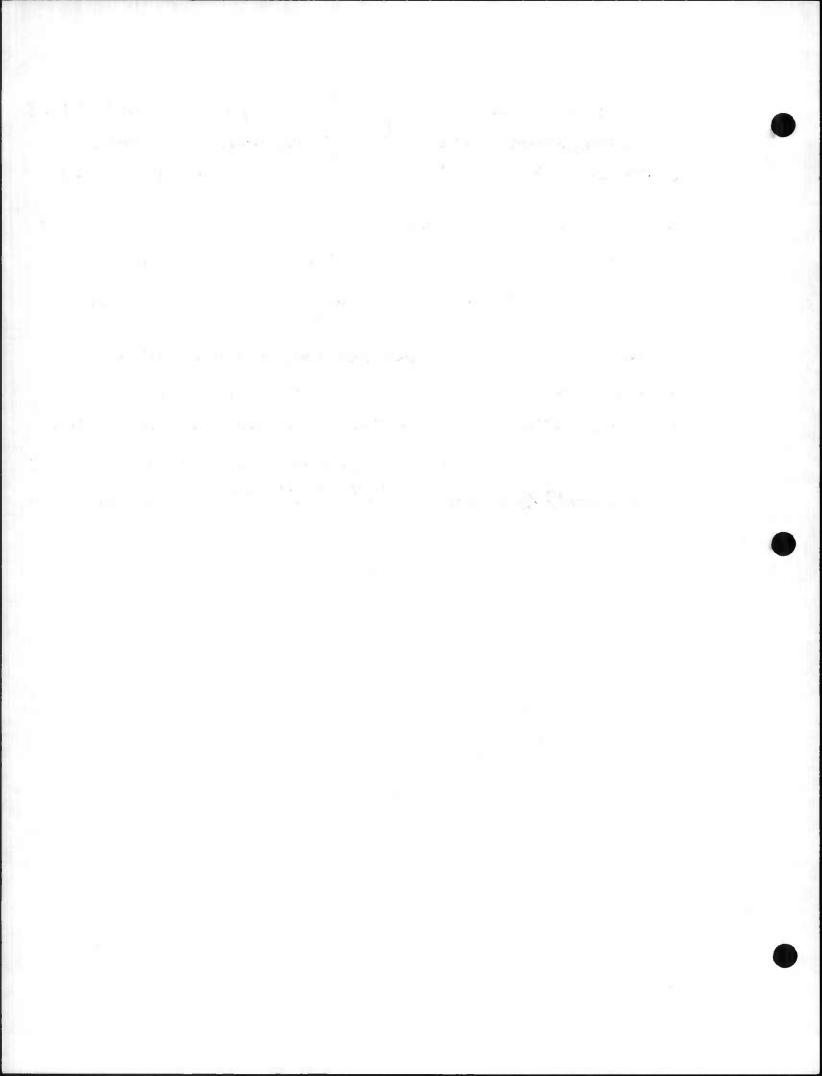


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death **Physician** George Donald GAYLOR IOV /Medical 4a. Facility Name (If not institution, give straat end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington County Hospital Washington Hagerstown If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociei Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months 11XM 2□ F 78 Yrs Director 214-09-6868 Maryland May 1918 Usuel Rasidence of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ♥ No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1046 Security Road 21742 permit. Pages 1 and 2 should be filed within 72 hours aftar death v Department of Haelth and Mental Hygiena. Important: if item 27 is marked other than "naturel; or items 23s any injury or other traumatic event, the Medical Execution main U.S.A. 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Maxicen, Puarto Rican, etc.) Race - American Indian, Black, Whita, atc. 1 ☐ Never Merried 2 ☑ Merried 1 ∑Yas 2 No If Yes, Give Yaar or Datas: 1943-46 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) College (1-4or 5+) 0 - 120 Diesel Locomotive Electrician Railroad 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Be ဥ George R. Gaylor Mary Frances Fouke 19a. Informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) June M. Gaylor/Wife 1046 Security Road Hagerstown, Maryland 21742 20b. Place of Disposition (Nama of cematary, crematory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremetion 3 □ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Rest Haven Cemetery 11/5/96 Hagerstown, Maryland 21. Signature of Funaral Sarvice Licensee 22. Neme end Addrass of Facility Minnich Funeral Home lunnica 415 E. Wilson Blvd. Hagerstown, Maryland 21740 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart tailure. List only one cause on each line. Approximate Intervel Batween Onset and Death **Physician** /Medical Immediate Ceusa (Final disaasa or condition rasulting in daath) Saprin 4-5 dogs Examiner Dua to (or as a consequence of) Examiner Prendomanas Treat Impolia sloian and bunial-transit (Work Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Ceuse (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Records, P.O. Box 68760. attending physician for usa as the buna Physician/Medical Due to (or es e consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Centro regales Accident Dichts Melvilles 1 Yes 2 No 3 Probably 4 9 Unknown b Anteron denotiz Cardinas ander Dinian 24b. Wara autopsy tindings evailebla prior to complation of ceusa of death? 24a. Wes en autopsy performed? icingiamy Compi has 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, 25. Was cese ratarrad to medical 26. Plece of Death (Check only ona) axaminar? Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 28a. Date of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be datamined 28e. Plece of Injury - At homa, term, street, tactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Cartifiar 1 Certifying Physician: To the best of my knowledga, death occurrad at tha time, data and place, and dua to tha ceusa(s) end mannar as stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certitiar 29c. License number 29d. Date eigned (Month, Day, Year) - ONE MO D (8019 NOV 4, 1996 30. Nema end addrass of person who complated causa of daeth (Itam 23a) (Type, Print) St. Hagerstown, md. 21740 334 , m.p. V. Datta mill 31. Deta filed (Month, Day, Year) 32 Registrar's Signatura State NOV 06 1996

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Vaar **Physician** 9-35 PM 041. (CTCBER 29-1996 /Medical 4a. Facility Nama (If not Institution, giva street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** CheNTON DOUTHERN MANYLAND THOSPITAL PRINCE GEOLGE If Undar 1 Yaar Months Days Undar 24 Hrs. 6. Data of Birth (Month, Day, Yaar, Jan. 27, 1 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10XM 20 F 63 Director 579-42-7314 Usual Rasidance of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-f show any injury or other treumatic event, the Medical Examination must be notified at once. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Yas 2 No Director Maryland Prince George's Cheltenham 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? USA Funerai 11177 Crain Highway 20623 Was Decedant Evar In U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas ZXNo If Yas, Give Yaar or Datas: Baltimore, Maryland 21215-0020 1 Yas 2 No þ 3 Widowed 4 Divorced Specify: White Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) College (1-4or 5+) 10th Master Plumber Construction 17. Fathar's Nama (First, Middla, Last) 16. Mothar's Nama (First, Middla, Maiden Surnema) Walter L. Goodman Ida Mae Schumacher 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Rita L. Gardner/ Sister 7805 Kipling Pkwy. Forestville, Md. 20747 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 11-2-96 Epiphany Episcopal Cem. Forestville, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill. Md. 20745 23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only ona causa on each lina. Approximata Intarval Betw **Physician** CEPIFALO PATH /Medical Immediata Causa (Final disaesa or condition rasulting in death) Examiner Examiner physician and the bunal-transit Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Causa (Disaasa or Injury that Initiated evants rasulting in death) Last The law requires that the death certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical use as Por signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown Yes þ 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? Completed page 2 s has 1 ☐ Yas 2 ☐ No After this certificate Attending Physician: director. 25. Was casa refarred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 2 1 Yas 2 No Inpatiant 2 ER/Outpatient 3 DOA 5 ☐ Rasidance 6 ☐ Othar (Specify) funerai 28a. Data of injury (Month, Day 26b. Tima of Injury 27. Manney of Deeth Injury at Work? 26d. Describe how Injury occurred Certification: Matural 5 Panding Invastigation death. 1 Yas 2 No 2 Acoidant 24 hours after deaf Funeral Director: 6 Could not be datarmined 3 Suicida 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida 6 Hospital 24 hours 8 Certifying Physician: To the best of my knowledga, death occurred at the tima, data and place, and dua to tha cause(s) and menner es steted.

The dical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and dua to the cause(s) and manner stated. 29e. Cartifian Medical completely To the Vithin 2 29b. Signatu e and title of our 29d. Data figned (Morth, Day, Year)

State Registrar 31. Data filed (Month, Day, Year)

1 1996 July Windles

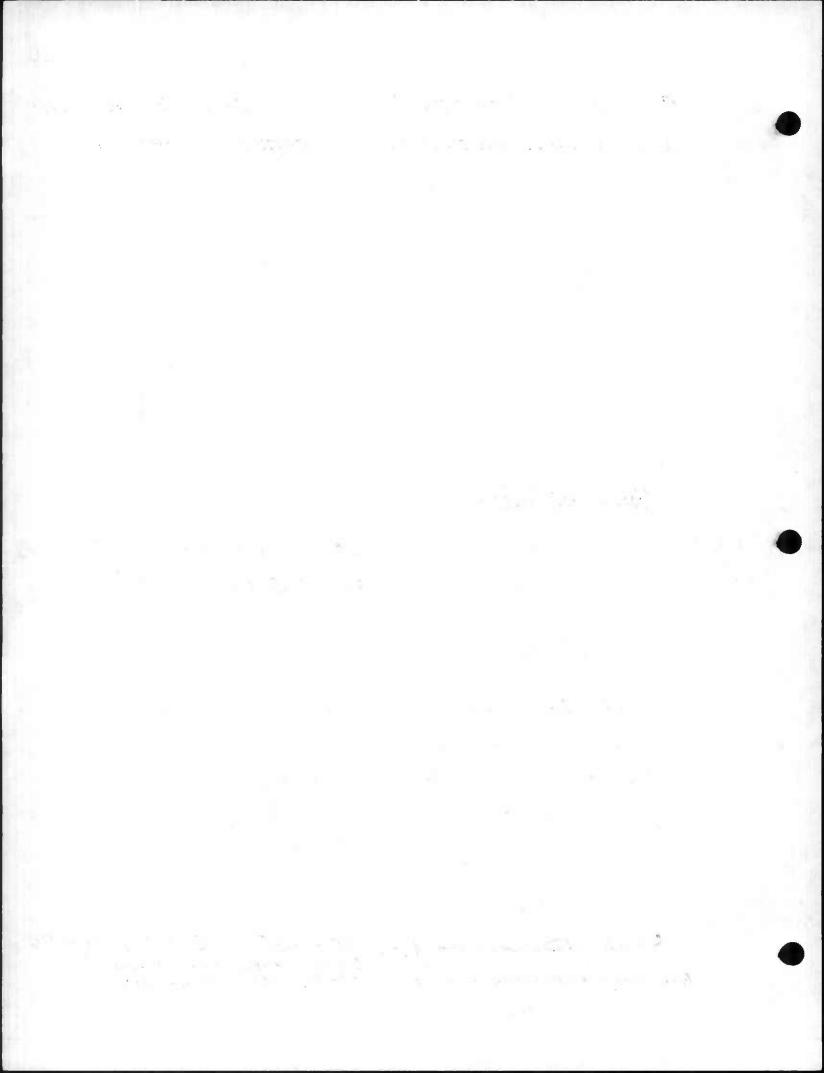
32. Registrar's Signatura

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				State of Ma	ryland		rtment of F tificate of			giene Reg. No.	36	34220
	Physic /Medi		1. Decedent's Name (First, Middle, Last)	GRA	TZ	•			2. Date of De	Dey	1996	3. Time of Death 22/0
	Examil Funeral Director		4e. Fecility Neme (If not institution, give some SHADY GROVE AD 5. Social Security Number 172-32-5330	VENTIST	(In yrs. last		If Under 1 Year Months Deys	ROCKV I If Under 24 H Hours Mi	LLE rs. 8. Date of Birl	4c. County MONT	GOME:	RY ace (Stete or Foreign y)
	show	2	Usual Residence of Decedent 10e. Stete 10b. County Maryland Montgomery		10c. City, T	own or Loc						d. Inside City Limits 1 ☐ Yes 2 🕅 No
	with the N Sa or 28a-1	I Director	10e. Street end Number 20057 Doolittle Street				10f. Zip Code 20879			10g. Citizen of V		y?
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Menyland Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Examines natural be notified at once.	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Married 3XXWidowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:			las Decedent of H Yes, specify Cube	ispenic Origin? an, Mexican, Pue Specify:	(Specify Yes or No erto Rican, etc.)	14. Rac Blac Specify	e - America ck, White, et	ic.
21215-0020	within 72 ho jiene. r than *naturi the Medical	Completed	15. Decedent's Edu (Specify only highest grede Elementery/Secondary (0-12)			6e. Decede (Give k life. D	ent's Usuai Occup ind of work done of O NOT use retired aker	etion during most of w	vorking	16b. Kind of Bu	usiness/Indu	
Maryland	ouid be filed Mental Hyg arked othe	To Be C	17. Fether's Neme (First, Middle, Last) Martin Kosker					UNAVAI				
e, Mar	1 end 2 sh Heaith and em 27 is m		19e. Informent's Name/Reletionship (Ty, Nancy Oliver (Daughte 20a. Method of Disposition			20057			Rurel Route Number aithersburg		id 20879	9
Baltimore,	nit. Pages bertment of ortant: If it injury or c		1 ☑ Buriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service License		ceme	Mary Mary	etory or other pleases Cemetery Neme end Address		October 28, 1996			nnsylvania
	Physician		23a Pert1. Enter the disease, or complishock, of heert feiture. List only on	e ceuse on eech line).	00 not enter	the mode of dyin	venue, As g, such es cardi	pinwall, Pe ec or respiretory er	rest,	1	Approximete htervel Between Onset end Deeth
	/Medical Examiner	Jer	Immediate Ceuse (Fine) disease or condition resulting in death)	CONG					FAILL TENOS		C	2 years
Box 68760,	leath certificate be executed attending physician and for use as the burial-transit	an/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initieted events resulting in deeth) Lest	D	ue to (or es	e consequ	enca of):	/ ()		2		7000
S, P.O.	y the	by Physician/M	Part II. Other eignificant conditions confidence by Acute Ly				1			_/		he cause of death?
Records,	s law requires thet hes been signed b e 2 should be dete	Completed t	Chronic	Atrial	FIS	611/	lation	V	24a, Wes perfo	en eutopsy rmed?	eveil	e eutopsy findings able prior to pletion of cause eath?
	Physician: The law rthis certificate hes t ral director, page 2 s	Be	4 N/C M/A 25. Wes case referred to medical exeminer?	ospitel:	ml	oci	/	26. Plece of D	eeth (Check only o		1 🗆 '	Yes 2□ No
DIVISION OF	Ilng Phy n. After this funeral d	Certification: To	27. Menner of Death 1. Per of Death 2 Accident 2 Accident	1 Manpatient 28a. Date of Injury (Month, Day	281	Outpetient Time of Injury	28c. Injury Work	4 Li Nursing	Home 5 ☐ Resid	lenca 6 □Othe now Injury occurr		
-	7 4 4 5		3 Suicide 4 Homicide 29a. Certifier 1 Certifying Physical Certif	28e. Place of Injury building, etc.	(Specify)			e dete and nice	City or Tou			
	To the Hospital or within 24 hours effu To the Funeral Dir completely filled in	Medicai	(Check only 2 Medical Examinone) 29b. Signeture end title of certifier	er: On the basis of e end manner state	xaminetion ed.	end/or Inve	29c. License	oinlon, deeth occ	curred et the time,	dete end piace, a	and due to the	he cause(s) ey, Year)
8	3		30. Name and address of person who cor	npieted cause of dee		e) (Type, Pi	11 DO.	4113 1000 11,000	mocra La Md	1.1208	erd 17	3,1996

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

34221

					Cen	ificate of	Death		Reg. No.	
	Physici /Medi		Decedant's Nama (First, Middia, Las JULIUS ANDREW GAM	in a				2. Data of De Month OCTOBER	Day 24, 19	Yaar 7:07 PM
	Examir		4a. Facility Name (If not institution, give MALCOLM GROW MEDIC				4b. City, Tow	n, or Location of Deat	4c. County	
	Funeral Director		5. Social Sacurity Number 6. Sa		s. last birthday) Yrs.	If Undar 1 Yaar Months Days	r If Undar 2	4 Hrs. 8. Data of Bir	th y, Year) 1,1938	9. Birthpiaca (State or Foreign Country) Virginia
	a-f show	ctor	10a. Stata 10b. County MARYLAND PRINCE G		City, Town or Loca REL	ation				10d. Insida City Limits 1 Yas 2 □ No
	or 28	Sire	10a. Street and Number			10f. Zip Coda			10g. Citizan of V	What Country?
	th wi	a l	9315 DALY COURT			20723			United	States
21215-0020	is 1 and 2 should be filed within 72 hours eftar deeth with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Experient must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Marriad 2 ☑ Marriad 3 □ Widowad 4 □ Divorced	12. Was Dacedant Evar In Armad Forcas? 1 X Yas 2 □ No If Yas, Giva 2 - 3 Yaar or Datas: 1	-62/	as Dacedant of Yas, specify Cul		n? (Specify Yas or No Puarto Rican, atc.)	- 14. Rac Biad Specify	e - Amarican Indian, ck, Whita, atc.
Ö	2 hou		15. Decedant's Edi	ucation I - Z	4 - 6 4 16a. Decede	nt's Usual Occu	pation		18b. Kind of Bi	usinass/industry
215	Median 7	Completed	(Specify only highest grad	de completed) College (1-4or 5+)	(Give ki	nd of work done NOT use retire	a during most o ed)	of working		
21	od wit	NO.	Classically (0 12)	5+	Clini	cal Ad	minis	trator	Govern	nment
Maryland	should be file and Mental Hy marked oth umatic event	To Be (17. Fathar's Nama (First, Middle, Last) Ira J. G				18. Mothar	s Nama (First, Middle Elizal	Maiden Surnan Deth Go	
Ja	end end is m		19e. Informent's Name/Relationship (T	ype, Print)				or Rural Route Numb		
	end ealth n 27		Ruth Gamble	Total Control of the				Laurel,		
Baltimore,	permit. Peges 1 end 2 Department of Health e Important: If Item 27 is any injury or other tra once.		20a. Mathod of Disposition 1 XBurial 2 □ Cramation 3 □ 4 □ Bonition 5 □ Other (Specify)) I I	Place of Disposi cemetery, crema odd Ce			ober 30,		City or Town, Stata Coungstown, Ohio
Bal	permit. Pege Department of important: if any injury or once.		21. Signature of Funarai Sarvice Licens	terret !	11/ S	Nama and Addr TEWART 001 Be	FUNE	RAL HOME Rd. N.E	INC.	n. D.C. 20019
Box 68760,	Physician / Medicale pe executed in the establishment of the manufacture as the principle a	cian/Medical Examiner	23. Fe11. Enter the disease of compose, or heart failure. List only commediate Cause (Finalessa or condition asulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting In death) Last	a. Due to b. HYPERTENSI Dua to DIABETES	RTERY DI	SEASE ance of):				Approximata Intarval Batween Onset and Death
, P.O.	requires thet the death been signed by the ette should be deteched for	y Physicia	Part II. Other algnificant conditions co	ntributing to death but not re	asulting in tha und	larlying causa g	ivan In Part I.		tobacco use co Yes 2□ No	ntribute to the cause of death? 3 Probably 4 Unknown
of Vital Records,	2 S S	Completed by						24a. Was	an autopsy ormad?	24b. Wara autopsy findings available prior to completion of cause of death?
<u> </u>	a - 0	5						1□	Yas XX No	1 ☐ Yas 2 ☐ No
ita	ician: Th certificate rector, par	Be	25. Wes casa rafarred to medical axaminar?				26. Place o	of Deeth (Check only	one)	
7	d is	၉	Yas 2□ No	Hospital: 1 ☐ Inpatiant 2	ER/Outpatiant	3□ DOA O	thar: 4 🗆 Nurs	sing Homa 5 Rasi	dance 6 □Oth	ar (Specify)
Division o	After fune		27. Mannar of Deeth 1 Avatural 2 Accident 5 Panding Invastigation	28e. Deta of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo M 1	uryat ork?]Yas 2 ☐ No		how Injury occur	red
Divis	교육부드	Certification:	3 Suicida 6 Could not be 4 Homicide datarmined	28a. Place of injury - At building, atc. (Spec		at, factory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rural Route Number,
	To the Hospital within 24 hours of To the Funeral I completely filled	edical	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To tha best of my kr inar: On the besis of axamir and mannar stated.	nowledge, deeth on ation and/or inva	occurred at tha t stigation, In my	ima, data and opinion, daath	place, and dua to tha occurred at tha tima,	causa(s) and ma data and place,	annar as stated. and dua to tha cause(s)
	To the within 2 To the comple	M	29b. Signatura and title of the tifiar				nsa number 8552120	15	29d. Data signe	d (Month, Day, Year)
	15)		30. Name end eddrass of person who co	omplated causa of death (Ita	am 23a) (Type, P	rint) 1050 1	WEST PE	O GALAMIA	JAD POTOBEK	20,1770
	Sta		CRAIG P. PATTEN, C. 31. Data filed (Month, Dey, Year)	APT, USAF, MO	natura					ND 20762-6600
	Registr		OCT 2 9 1996	July allurde	orkarlath					

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30 No. 1 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete oi Deeth 3. Time of Deeth Month KENNETH 2:35 AM GARDNER 26, OCTOBER 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Prince George's Hospital Cheverly Prince George's If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months 1 M 2 □ F 577-16-4581 Yrs. 88 May 5, 1908 Indiana Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Prince George's Landover Hills 10f. Zip Code 10g. Citizen of Whet Country? 7123 Allison Street 20784 U.S.A. 12. Wes Decadent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Black White etc. 1 X Yes 2 No II Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Civil Engineer U.S. Government 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) William R. Gardner Mary Marshall 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Diane Logan - Niece 3256 West Springs Drive, Ellicott City, MD 21043 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 M Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Washington National Cemetery 10/29/96 Suitland, Maryland 22. Name and Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funerel Service Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 ses 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Between Onset end Deeth Due to (or 39 e consequenca oi) C'an Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es,a consequence of) Due to (of as e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1º☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28I. Location (Street end Number or Rurel Route Number, City or Town, Stete) To Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 299 License number 3.3.3

29d. Date signed (Month, Dey, Year)

Physician /Medical The law requires that the death certificate be executed P.O. Box 68760, Records, Vital or Attending Physician: of this Division

Examiner Examiner sician and burial-transit physician s tha burial Physician/Medical 83 attanding USB 0 ata has been signed by the a page 2 should be datached þ Completed cartificata director, Be Certification: To funaral Aftar Medical

Physician

/Medical

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Director

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Funeral

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Completed

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traumatic event, the Medical Examiner must be notified at

with the Maryland

death

Pagas 1 and 2 should be filed within 72 hours after or nant of Haaith and Mental Hygiana. nt: If Item 27 is marked other than "natural", or ite

nt of Health a: If Item 27 is

permit. Page Department of Important: If any Injury or once.

Baltimore, Maryland 21215-0020

5. Social Security Number

10e. Street end Number

12

Immediate Ceuse (Finel diseese or condition resulting in deeth)

1 Yes 2 No

27. Menner oi Death

2 Accident

3 Suicide

29a, Certifier

4 I Homicide

29b. Signeture and title of certifier

1- Neturel

10e State

24 hours after death. filled in by tha Hospital

To the Hosp within 24 hou To the Funer completely fil

State Registrar

31. Date liled (Month, Dey, Yeer)

Clemin from 32 Registrer's Signeture an divolege to

23e) (Type, Print)

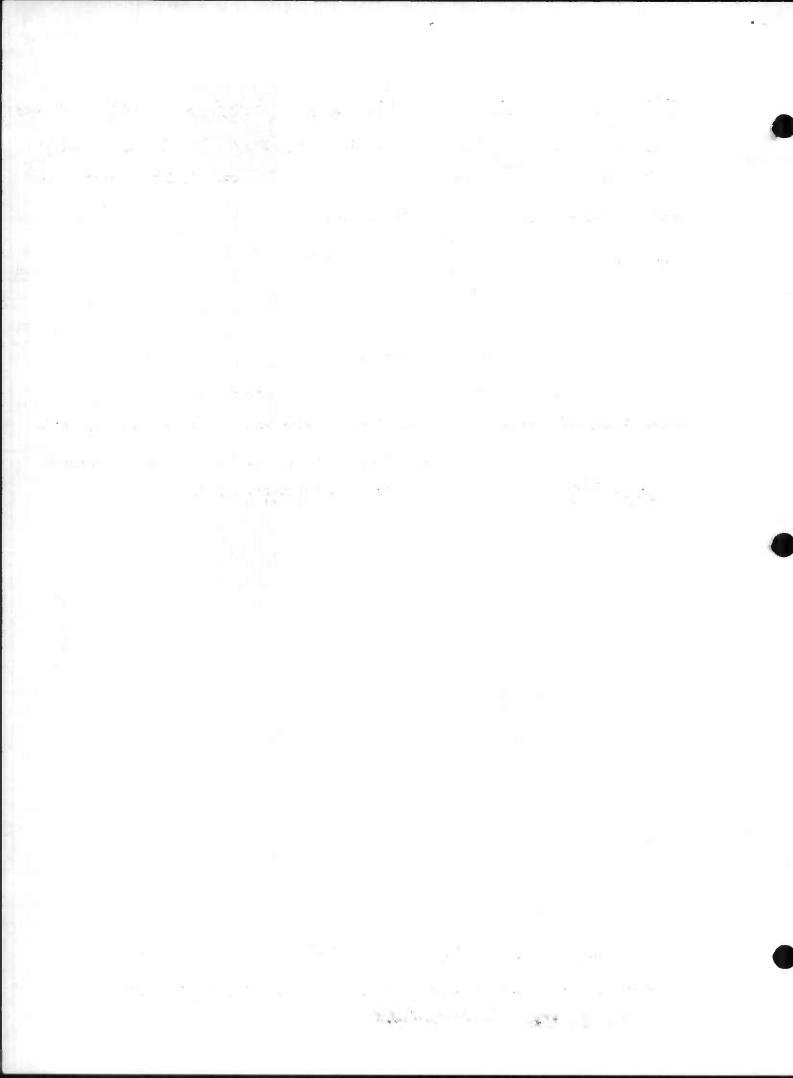
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1	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MEN	TAL HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH		YEAR	3. TIME OF DEATN
Ì	HELEN A	ZZALEE	GREATH	OUSE					tober 22			10:00 pm M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la	11.	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS. HOURS MIN.	7, D.	ATE OF BIRTH forth, Day, Year)			IPLACE (State or Foreign
	425-32-7629	1 M 2 X F	77	YRS.					ne 6, 1919		Alab	
	9e. FACILITY NAME (If not institution, give s		/ \ 1.1 a a f	-\			R LOCATION OF D	EATH			INTY OF D	
DIRECTOR	Mariner Nursing	Center	Allegi	s)	Bet	hes	da			Mon	tgom	ery
	10a. STATE 10b. COUNT	Y			Y, TOWN OR	LOCATION	ON					10d. INSIDE CITY LIMITS?
<u> </u>	Maryland Montgo	omery County	/	Be	thesda							1 YES 2 NO
¥	10e. STREET AND NUMBER					101.	ZIP CODE					WHAT COUNTRY?
	5721 Grosvenor Lane						20814					ates of America
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		lt y	res, spe	INDENT OF NISPA city Cuben, Mexic 2 [X] NO Speci	an, Pue	IGIN? (Specify Yee rto Ricen, etc.)	or No—	14, RACE Bleck Speci	E — Americen Indian, k, White, etc. //y:
- 11	3 XX Widowed 4 Divorced		1								<u> </u>	White
ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(0		USUAL OCCI work done dur				186. KIND OF BUS	INESS/IN	DUSTRY	
P.E.	Elementery/Secondery (0-12)	College (1-4 or 5+)			memake	r		_	Own Home			
COMPL	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NA	AME (FI	rst, Middle, Maiden :	Surnama)		
BEC	John Newton Hooper						lda Be	11 .	Jarrett			100
0	19e. INFORMANT'S NAME (Type/Print)		19						Number, City or Town	, State, Zi	p Code)	
	Gwin Greathouse		, .	383 [Davis S	tree	t, Equali	ty,		36026		
	2qe. METNOD OF DISPOSITION 1 (A) Burlai 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	ioval trom State	20b. PLACE cemetery, cri	emetory or o	of dispositi ther place) oe T Cemi	ON/Nan	ne of	100	tober		City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE #MOO6			22. NA	ME AND	D ADDRESS OF F	CILITY				Alabama
	Noward &	J. Cars	5						ial Fune nue, Pra			AL 36066
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused tha dee on each line	esth. Do r	not anter th	na mod	la of dying, suc	h ss	cardiac or respin	ratory si	rest,	Approximate intervel Between
	iMMEDIATE CAUSE (Finel disease or condition		11 0		- n							Onset and Death
	resulting in death)	a.	OR AS A CONSE	w	5 h	re	n		-			11800
		DOE 10 (OR AS A CONSE	OUENCE O	ŗ);							i
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
	thet initiated events	DUE TO (OR AS A CONSE	OUENCE O	F):							
SE I		d										<u> </u>
A.	PART II. Other significent condition	1-	death but not	resulting	in the unde	erlying	ceuse given in	Part	i, 24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	- 1 My ma	ntur							1 - YES 2	NO		COMPLETION OF CAUSE DF DEATH?
	DID TODA COO LICE CONTENT									/		1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAL		117.7	TN (Check on		UNCERTAI	ND	4			
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:		5 Rasidence	• 🗆	0.00			
	27MANNER OF DEATH	28e. DATE OF I	NJURY	28b. TIM		8c. INJU	IRY AT		DESCRIBE NOW IF	JURY O	CURED	
84	Netural 5 Pending Accident Investigation	(Month, De	y, rear)	ING		1 Y	ES 2 NO					
_	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At h	ome, ferm,	street, tactor	y, office			LOCATION (Street e City or Town, State)	nd Numbe	or Aural i	Route Number,
L.	200 CERTIFIED					_						
COMPLETED	(Check only 1 VICEHTIFTING PHYS	SICIAN: To the best of r										
5		4	. h Á	investigatio	оп, іп ту оріі	nion, de			date end place, an			a) and menner ee stated,
Z H	29b. SIGNATURE AND TITLE OF CONTIFIE	h	174	0			29c. LICENSE NU	MBER	-16	29d. DA	TERIGNET	(Month, Day, Year)
2	III. WATE AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITE	EM 27) (Type	, Print)	1-4	2 1	0-	1-20	-/	4	1/10
	11711 Wd	rearge	low	14/	12e	lh	nelo!	15	1- 20	81.	7	
	31. DATE FILED (Month, Day, Year) OCT 2 9 199	6	S SIGNATURE	Carolale								

Δ	mended	#	State of M 18. P.G.C. 11-1-96 cr	Maryland / Dep		lealth and Mer		96	34	224
	Physic /Medi Examir	an cal	1. Decedent's Name (First, Middle, Last) 1. Decedent's Name (First, Middle, Last) 4a. Facility-Neme (Hand institution, give street and number 5. Social Security Number 6. Sex	r) and Age Age (In yrs. last birthda	Gambi Sp. hal	4b. City, Town, or Locati	Dete of Death Month Da Tobel J	18, 1996 County of Deat	3:	ime of Death 43 AM SRap'S State of Foreign
	Director	tor	012-44-7985 1□M XWF Usual Residence of Decedent 10a. State 10b. County Maryland Prince George's	43 Yrs. 10c. City, Town or Ft. Wa		At	ig. 15, 1	953 Mas	sachı 10d. Ins	USETTS ide City Limits Yes 2□ No
	3a or 28a-	Funeral Director	10e. Street and Number 8109 Arundel Drive		10f. Zip Code 207	44	10g. Cit	tizen of What Co	ountry?	
020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene, marked other than "natural", or Items 23a or 28a-f show imatic event, tra Medical Examiner must be notified as	þ	11. Meritel Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Was Deceder Armed Forces 1 1 Yes 2 If Yes, Give Yeer or Dates	? XNo	3. Was Decedent of H	lispanic Origin? (Specify an, Mexican, Puerto Rica Specify:	Yes or No- an, etc.)	14. Rece - Ame Black, White Specify: What	erican Indi te, etc.	en,
21215-0	within 72 hours iene. • then "natural", ora Medical Exe	Be Completed	15. Decedent'a Education (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-40 4 VY:	(Gire	cedent's Usual Occup ive kind of work done b. DO NOT use retired USEWIFE	ation during most of working d)	16b. K	Kind of Business/	Industry	
Maryland 21215-0020	d 2 should be filed within 72 h th and Mental Hygiene. 7 is merked other than "natu traumatic event, tra Madical	To Be C	17. Father'a Name (First, Middla, Last) George Powers	S		18. Mother's Name (Fi	hy Murph	Sumame) Wheli		
nore, Ma	da Pa		19a. Informant's Name/Relationship (Type, Print) Ralph G. Gamba/ Husband 20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ Removal from Stat	20b. Place of Discametery, cr	Arundel sposition (Name of rematory or other place	Drive Ft. W	Jashington	n, Mary ocation - City or	land Town, Sta	20744 ate
Baltimore,	permit. P Depertma Importani any injury once.		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee	(ction Ceme 22 Name end Addre George P. 5160 Oxon		al Home	inton, N		.and
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or complications that caus shock, or heart failure. List only one ceuse on each immediate Cause (Final disease or condition rasulting in daath)	ed the deeth. Do not e	enter the mode of dylr	ng, such as cardiac or re			Appro	eximete al Between t and Death
3760,	icata be axecuted physician and s the burial-transit	lical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last	TORY APRES Due to (or as a cons SHOCK Due to (or es a cons	sequence of):	NO .IL			DAY	
Box 687	eath certifica attanding pl	Physician/Medi		AL PNETIMON	TAS				DAY	S.
P.O. E	as that the dea igned by the at be detached for	hysici	Part II. Other significant conditions contributing to death				23b. Did tobacco			ause of death?
of Vital Records, P	v requir been s should	Completed by P	HYPOVOLEMTA AND HYPEROSM CONTRACTURES AND ATROPHI			<u> </u>	24a. Was an auto performed?	opsy 24b.	Ware auto	opsy findlngs
al Re	Tha ata h page						1 □ Yes 2	400	1 🗆 Yes	
Vita	Physician: The this cartificata ral director, par	To Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☑ No Hospital: 1 ☑ Inpal	tient 2 ER/Outpati	ient 3□ DOA Oth	26. Place of Death (Coer: 4□ Nursing Home		8 Dothar (Can	-16.0	
Division of	i or Attending Physical after death. Director: After this in by the funeral din	Certification: T	27. Many of Death 1 Natural 5 Pending (Month, D) 2 Accident invastigation 3 Suicide 6 Could not be		of 28c. Injur Wor M 1	y et 28d. k? Yes 2 □ No	Describe how inju	ry occurred		a Number
Div	To the Hospital or A within 24 hours after To the Funeral Direcompletaly filled in b		29a. Certifier Certifying Physician: To the bes	etc. (Specify) t of my knowledge, das	ath occurred at the tin	ne, date end place, and	City or Town, State	e) and manner as	s atated.	
	the Ho hin 24 the Fu	Medical	(Check only one) 2 Medicat Examiner: On the basis and manner s	of examination and/or stated.						
	o i i i		29b. Signeture end title of cartifier	June	29c. Licens			ct. 28 19		ear)
	Sta	-	17.		WE.SUITE	101, CLINTON	,MARYTAN	20735		
	Registr	aı	OCT 2 9 1996 3	PAKNONIOL MIN	747)					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 34225 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Deeth Пау **Physician** Month ALZORA FIELDS GREEN 11:10 AM 10 29 1996 /Medical 4e. Facility Neme (If not institution, give street and number) 4b City Town or Location of Deeth 4c. County of Death Examiner 9907 Cedar Hollow Lane Upper Marlboro Prince George's 5. Sociel Sacurity Number if Undar 1 Yaar 6. Sex 7. Age (In yrs. lest birthdey) 8. Deta of Birth (Month, Day, Year) **Funeral** Birthplece (Steta or Foreign Country) Hours 1 ☐ M 2 ☑ F Yrs Director 52 420-60-0719 07 24 1944 Alabama Usuel Residence of Deceden death with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits show r than "natural" or items 23s or 28s-f st the Medical Examiner must be notified Maryland Prince George's Director 1X Yes 2 □ No Upper Marlboro 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 9907 Cedar Hollow Lane Funerai U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☑ No ff Yes, Give Yeer or Datas: Wes Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Americen Indian, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours efter 1 Never Married 2 M Merrled 21215-0020 1 ☐ Yes 2 Ø No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Government Teacher 4+ other other traumetic avent. Baltimore, Maryland 17. Father's Nama (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any lipiry or other traumatic avent ARB. 18. Mother's Name (First, Middle, Malden Surneme) Be 2 Unknown Thommie Lee Fields Harris 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Kenneth Fields/Son 1206 Castlehaven Court, Capitol Heights, MD 20743 20b. Plece of Disposition (Name of cometery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Steta 11/04 1996 4 ☐ Donetion 5 ☐ Other (Specify) Tuskegee, Alabama Greenwood Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility B. JENKINS FUNERAL HOME A. Percen 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intarval Between Onsat and Death Physician /Medical Immediate Cause (Final diseese or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed signed by the attending physician end d be detached for use as the buriel-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events resulting In deeth) Last (or as a consequance of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part !. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 ☐ Probably 4 ☐ Unknown ğ 24b. Were eutopsy findings aveileble prior to complation of ceusa of deeth? Completed 24e. Wes en eutopsy performed? certificete hes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes cese referred to medice! axeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Aasidence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Netural 5 Pending investigation s efter deeth.
I Director: A
od in by the fu deeth. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours e 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of 29c License number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed caus of death (Item 23e) (Type, Prigt) neico 10224 31. Deta fliad (Month, Dey, Year) 32 Registrar's Signatura State

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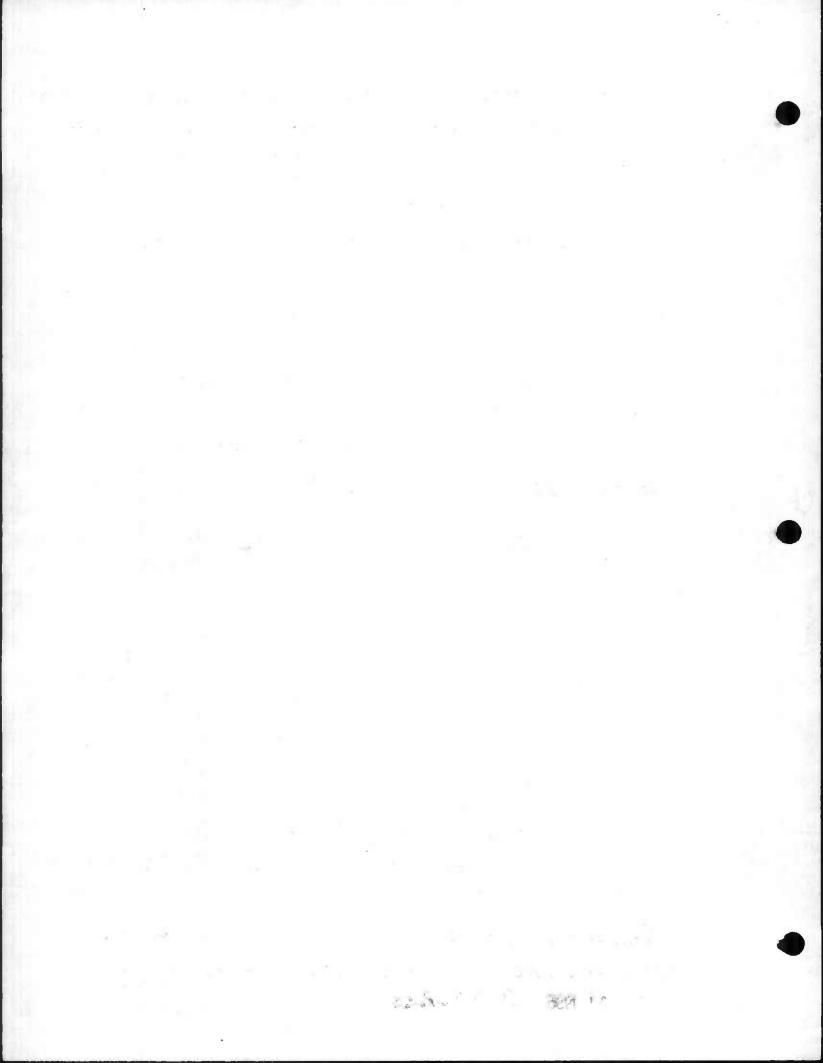
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

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					Cei	rtificate o	f Death		Reg. No.		
Physi	oion	Decedent's Name (First, Middle, Le	1					2. Date of I			3. Time of Death
/Med		Marvin	Matthev	v Ga	ntt	Jr.	0	ctober	26, 19	96 (03:07AM
Exam		4a. Facility Name (If not institution, given		,				or Location of De		y of Death	
	.0	Laurel F	Regional	L Hosp	ital		Bowie		Princ	e Geor	rges
Funera, Directo	_	218-94-8425	Sex 7. I⊠M 2□ F	Age (In yrs. la 26	st birthday) Yrs.	If Under 1 Yes			Birth Pay. Year)	9. Birthplace Country) Mary	(State or Foreig
pu *	7	Usual Residence of Decedent 10a. State 10b. County		10a City	Town or Lo	antina					
vith the Marylan or 28a-f show	Director	Md.	P.G.	**	owie	cation					Inside City Limit
th v		10e. Street and Number 8030 Che	stnut A	ve.		10f. Zip Code 2 0 7 1			10g. Citizen of U .	What Country?	
ours efter al', or ite	by Funeral	11. Marital Status IND Never Married 2☐ Married 3☐ Widowed 4☐ Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Year or Date	es? No		Was Decedent <i>o</i> f Yes, specify Co 1 ☐ Yes 2 🔀 N	f Hispanlc Origin? uban, Mexican, Puo o Specify:	(Specify Yes or I erto Rican, etc.)	No- 14. Ra Bla Specia	ca - American I ack, White, etc. fy: B1	ndian, ack
n 72 hours "natural",	i e	15. Decedent's Ed (Specify only highest gre	ducation		16a. Deced	ient's Usual Occ	upation	working	16b. Kind of B	Business/Indust	ry
	Completed	Elementary/Secondary (0-12) 12th	College (1-40	or 5+)		ident	ne during most of w red)	rorking	Educa	ation	
事を表す	Be	17. Father's Name (First, Middle, Last,)				18. Mother's N	ame (First, Midd	le, Maiden Sumai	me)	
permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If tem 27 is marked other than any Injury or other treumatic event, the Manes.	10E	Marvin M. Gan			19b. Mailin	ng Address /Stre	Fe :		'letche:		del
The ST Is		Marvin M. Gant					10 abo		bor, ony or roun	, olate, 21p oot	50)
Hear Hear		20a. Method of Disposition		20b. Pla	ce of Dispo	sition (Name of		Date	20c. Location	- City or Town,	State
Definition of the montant: Pages 1 er Pepartment of Hear Moortant: If New York Injury or other Moortant		1 ABurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specific		te Ha:	rmon	Mem.	Park '	1	Lando		
Departiment any in	-	21. Signature of Funeral Servica Licer	isee	satt	22	H.S.Wa	ress of Facility ashingto Burrough	on & Sc	ns, Inc	•	
_		23e. Part1. Enter the disease, or com	plications that caus	sed the death	Do not ente					Am	proximate
certificate be executed ding physician end use as the burial-trensit	VMedical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last	b	Due to (or a	is a conseq	uenca of):	estand				
nding use as			d								
thet the deeth ed by the etter detached for	Physicia	Part II. Other eignificant conditions or	ontributing to death	but not resulti	ng in the un	nderlying cause (iven in Part I.	23b. Die	d tobacco use co	entribute to the	cause of death
het the od by the detache								10	Yes 2 No	3 Probabl	y 4 Unknow
he law requires that the death e hes been signed by the etter age 2 should be detached for I	Completed by							24a. Wa	s an autopsy formed?	availeb	autopsy findings le prior to otion of cause h?
e he he	E							15	Yes 2□No	180 Ye	s 2 No
Physician: The this certificete	Be C	25. Was case referred to medical					26. Place of D	eath (Check only		123/10	
Physician: this certific	0	examiner? ↓□ Yes 2□ No	Hospital: 1 ☐ Inna	tient 2 EF	3/Outpetient	3 DOA C	thor:		sidenca 6 Oth	or (Specify)	
Physical Phy	Ë	27. Manner of Deeth	28e. Date of In	jury 28	3b. Time of	28c. Inj		1	how injury occur		
ath. :: After e funer	atto	1 ☐ Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, L		0215	M 1[ork? ☐ Yes 2 🗷 No	5.0.	.t shot		
il or Attending after death. I Diractor: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of I	njury - At home		et, factory, office	9	28f. Location City or To	(Street and Numb	TO RALL	Munihin
To the Hospital or Attention 24 hours after de To the Funeral Direct completely filled in by the Completely filled in the C	edical C	29a. Certifier (Check only one) 1 Certifying Physical Examples (Check only one)	velclan: To the besilner: On the basis and manner:	of my knowle	dge, death	occurred at the	time, date end place opinion, death occ	e and due to the	cause(s) end me date and place,	anner as stated	4
o the o the ompl	N S	29b. Signeture and title of certifier				29c. Licer	ise number		29d. Date signe	d (Month Day	Year)
F > F 8			Wright	-MD			.M.E.		Octobe:		
		30. Neme and address of person who of DONALO G. WRIGH-	completed cause of	deeth (Item 2:			,Baltim	ore,Ma	ryland	21201	
		COICILE G. WKILIA	, ///		CIIII	DETCCE	, Dar cin	iore, ma	тутани	21201	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

34227

						Cer	uncate c	n Death		Reg. No.		
	Physic /Medi		DORISE CELES	,	rs.				2. Date of D Month OCT	Dav	Year	rime of Death : 44AM
X	Exami		4a. Facility Name (If not institution, give					4b. City, Town, or				
			11711 LIVING				W11-4-7434		ASHING			EORGE
	Funeral Director	1	370 17 3370	ex 7 □M 2∏F	7. Age (In yrs. la:	st birthday) _ Yrs.	If Under 1 Ye Months De		(Month, L	Sirth Day, <i>Year)</i> : 11,1989	9. Birthplace (Country) Washin	State or Foreig
	fand fand		Usual Residence of Decedent 10e. Stete 10b. County		10c. City,	Town or Loc	ation				10d. In:	side City Limit
	Mary Hete	ţō	Maryland Prince (Georges		Fort	t Washi	ngton			15	Yes 20N
	r 28s	rec	10e. Street and Number				10f. Zip Cod			10g. Citizen of	What Country?	
	h wit	a D	1627 Taylor Ave	enue				20744		United	States	
21215-0020	be filed within 72 hours after death with the Maryland ntel Hygiene. diother than "naturel", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1XX Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deced Armed Force 1 Yes 2 If Yes, Give Yeer or Det	No No		Vas Decedent of Yes, specify C	of Hispenic Origin? (Suban, Mexican, Puerl No Specify:	specify Yes or No Rican, etc.)	No- 14. Rad Bla Specif	ce - American Ind ck, White, etc. y: Black	
2-0	72 ho	ted	15. Decedent's Ed	ucation		16a. Deced	ent's Usual Oc	cupation	ed a lan en	16b. Kind of B	usiness/Industry	
21	e. en "n	Completed by	(Specify only highest grade) Elementary/Secondary (0-12)	compierea) College (1-4	4or 5+)			ne during most of wo ired)				
	liled with Hygiene. Ither than	S	Elementary/Secondary (0-12) 3 year			Speci	al Educ	ation Stu			ewood So	choo1
Maryland	d oth	e e	17. Father's Neme (First, Middle, Last) Dwight	Loom	TT -					le, Maiden Surnar	ne)	
Z	should be filed and Mental Hygis s marked other umatic event, ti	To		Leon	на	rris		Denis		Dorette		ith
Mai	2 4 4 5		19a. Intormant's Name/Relationship (7 Denise D. Harris					eet and Number or Ri		•		
	s 1 and 2 should f Health and Mer Itam 27 is marks other traumatic		20a. Method of Disposition	(morner	20h Pla	ce of Dispos	laylor	Avenue; For	rt Wash	1	ary Land - City or Town, Si	
Baltimore,	permit. Pagas 1 and Department of Health Important: if item 27 any injury or other troppe.		1 ☑Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	tate Re	surre	SCIOII C	olace) Oct.29 emetery	,1996		n, Maryl	
Ba	Depar Impor any in		21. Signature of Funerel Service Licen					dress of Fecility La rgia Avent		Funeral; Washing		
x 68760,	Example of the control of the contro	Physician/Medical Examiner	Immediete Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	e. Ah b. Cer	Due to (or a	as a consequ	vence of):	teating usis		o-fath		
Box	attend affor us	ian/		d							j	
o	ires that the death signed by the atte d be detached for	ysic	Part II. Other significant conditions co							d tobacco use co		
P.0	that the data		multiple of	onge	netul	an	oma	live	10	Yes 2⊠No	3 Probably	4 Unkno
of Vital Records,	aw requ is been 2 shoult	Completed by	conquestal	y The	dire			tome:	24a. We	es an eutopsy formed?	24b. Were au evailable completii of death?	prior to on of cause
œ	ysicien: The la s certificate he director, page	ПО	our to have	······································	my,	1-3	nuc	- white	10	Yes 25 No	1 ☐ Yes	2 No
a	detan: The certificata nector, pag	Be (25. Was case referred to medical examiner?					26. Place of De	ath (Check only	one)		
5	Physician: This certific ral director,	ဥ	1 Yes 2 No	Hospital:		R/Outpatient	JU DON		lome 5□Re	sidence 6 □Ott	ner (Specify)	
Division		Certification:	27. Manner ot Death 1 Naturat 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be	28a. Date of (Month,		8b. Time of Injury	M 1	njury at Vork? ☐ Yes 2 ☐ No		e how injury occur		
N N	Hospital or Attending 24 hours after death, Funeral Director: After Mely filled in by the fune	Certifi	4 Homicide determined	289. Place of	t Injury - At hom g, etc. <i>(Specify)</i>	ie, farm, stre	et, tactory, office	ce		(Street and Numi own, State)	ber or Rural Rout	e Number,
	To the Hospital or within 24 hours shis To the Funeral Director occupies by filled in	Medicai	29a. Certifier (Check only one) 1 ✓ Certifying Phy 2 ☐ Medical Exam	rsictan: To the be iner: On the bes and manne	is of examination	edge, death n and/or inv	occurred at the estigation, in m	time, date and place y opinion, death occu	a, and due to the	e cause(s) and m e, date and place,	anner as stated. and due to the c	ause(s)
	To the within 2 To the comple	M	29b. Signature end title ot cerlifier				29c. Lice	ense number		29d. Date signe	d (Month, Day,)	(ear)
)	F)		Marle We	iss in	m h	, Þ.		11285		10	26/96	
1	3/		30. Name and address of person who de MARK WEISSA		of death (Item 2	3a) (Type, F	Print)	ics, 2150	PENINI	A ANE M	W WALL	NC.
ri.	Sta	ate	31. Date tiled (Month, Day, Year)		gistrar's Signetui		•	, , , , ,	7 9 1 4 1 4 1		200	

32. Registrar's Signeture

DHMH 16 Rev 6/95

State

Registrar

NOV 01 1996

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State of Maryland / Department of Health and Mental Hygiene O C

Physician / Models ROSE C. HALLEY						y laria r c	Certificate	of Death		leg. No.	0 34228
## Statistics of Department of Sample Course of Sample Co		•				HALLEY	7				3. Tima of Deeth
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Double Table Double Table Double Table Double Table Double Table Double				577-01-0955	7. Age	1	Months Da		8. Dete of Birth (Month, Day February	, Yaer) 5, 1905	9. Birthpiece (Steta or Foraign Country) Washington, DC
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Privision Privis	2121	within iene. then	omple]	Halley F	Real Estate Co.
Privision Privis		d be filed antal Hyg and other c event,	Be					18. Mothar's Nan		Maidan Sumami	a)
Commence of the place Comm			-				_			-	
Physician // Medical Examiner Physician // Medical Examiner	more,	Peges 1 erent of Hearn int: If Item		1 DBurial 2 □ Cramation 3 □ F		20b. Place of	Disposition (Name or y, crametory or othar	f placa)	November 1	20c. Location - 0	City or Town, Stete
Physician (Medical Examiner) Physician (Medical Examiner)	Balti	permit. Departm Importa any inju			- //	_	Rendon/Hal	e Funeral Hor	ne e		
Sequencially list conditions a consequence of): Sequencially list conditions are consequence of): Sequencially list conditions conditions contribute to the cause of of cause (Disease or Injury that listed devents resulting in death) Last Due to (or as a consequence of): Sequencially list conditions conditions contribute to the cause of of cause (Disease or Injury that listed devents resulting in death) Last Due to (or as a consequence of): Sequencially listed devents resulting in death) Last Due to (or as a consequence of): Sequencially listed devents resulting in death) Last Due to (or as a consequence of): Sequencially listed devents resulting in death) Last Due to (or as a consequence of): Sequencially listed devents resulting in death) Last Due to (or as a consequence of): Sequencially listed devents resulting in death) Last Due to (or as a consequence of): Sequencially listed devents resulting in the underlying cause given in Pert I. Sequencially listed devents resulting in the underlying cause given in Pert I. Sequencially listed devents resulting in the underlying cause given in Pert I. Sequencially listed devents resulting in the underlying cause given in Pert I. Sequencially listed devents resulting in the underlying cause given in Pert I. Sequencially listed devents resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I. Sequencially listed resulting in the underlying cause given in Pert I		/Medical	er ,	/ /			not antar tha moda of	dying, euch es cardiac	or raspiratory arr	rest,	Approximata Interval Batween Onset end Death
Part ii. Other significant conditions contributing to death but not rasulting in tha undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death of the cause of death	-	h certificate be executed anding physician end use es the burial-transit	ledical	Sequantielly list conditions, if eny, leading to immadiete cause. Enter Undarlying Cause (Disease or injury that initieted events rasulting in death) Last	C	ue to (or as a d	consequance of):	brench	ntis		
25. Wes case a rafarred to medical examinar? 1	P.O.	thet the deat ed by the ette deteched for		10.	ntributing to death but	not rasulting in	tha undarlying cause	given in Pert I.			tribute to the cause of death?
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30. Nama and addrass of person who complated causa of death (item 23e) (Type, Print) David M. Goldman, M.D. TSCO Hangver Parkway, Suite 105 State 31. Data filed (Month, Day, Year) 32. Registrar's Signatura		Me Hospitu n 24 hours ie Funeral		Check only 2 Medical Exami	ner: On tha basis of ex	caminetion and	, deeth occurred at the	e time, deta and place ny opinion, daath occu	, and due to the c rred at tha tima, d	euse(s) and mer lata end piece, a	nnar as stated. nd dua to tha cause(s)
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 🔝 🔓 5 1/4 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** 12:30 pm 119910 Ktoker 27 /Medical 4c. County of Death 4e. Facility Name (If not institution, give streat and number) 4b. City. Town, or Location of Death Examiner Mern AND 9. Birthplaca (Stata or Foreign 5. Sociel Security Number 8. Data of Birth (Month, Day, Year Jan 21, 1 6. Sax 7. Age (In yrs. last birthday) **Funeral** 1□M 2MF Days North Carolina Yrs. 1924 Director 242-46-5216 72 Usual Residence of Dacedani the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 1 √ Yas 2 No Director Maryland Clinton Prince Georges 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? 20735 10409 Sweetbay Drive United States deeth 1 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yes 2 ဩ No ff Yas, Giva Yaar or Datas: 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indien, Black, Whita, atc. 11. Maritei Status permit. Pages 1 and 2 should be filed within 72 hours effar to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any Injury or other traumetic event, the Medical Examination. 1 ☐ Nevar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ 3 ☐ Widowed 4 Divorced Specify: **Black** Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Licensed Nurse Healthcare 12 17 Father's Nama (First Middle | ast) 18. Mothar's Nama (First, Middle, Meidan Sumama) Be Florence Horton Unknown 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) (Grand Daughter) 10409 Sweetbay Drive, Clinton, Maryland 20735 Carla Hunter 20b. Place of Disposition (Nama of cemetery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata N Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 11/2/96 Landover, Maryland 5 Othar (Specify) Harmony Memorial Park 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Forestville, Md.20747 M859 he mode of dying, such as card Approximate Interval Betw Onset and Death **Physician** Pero Immedieta Causa (Final disaasa or condition rasulting in death) /Medical months Examiner Examiner buniel-transit Sequantielly list conditions, if any, laading to immadiate causa. Entar Underlying Cause (Disaase or Injury that initiated evants rasulting In daath) Last and Dua to (or es a consequance of): physician a P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Ware autopsy findings avallable prior to Completed 24a. Was an autopsy performed? peed malnutiha completion of cause of death? certificate hes 1 Yas 210 No 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attanding Physician:
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2 Medical Examiner: On the basis of exeminetion end/or invastigation, in my opinion, daeth occurred at the tima, data and place, and dua to the cause(s) and mannar stated. 29a, Certifian Medical To the I 29b. Signetura and titla of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 046478 30. Nama and addrass of parson who complated cause of death (Itam 23a) (Type, Print)

7501 Surratts Rd # 302. Chrten MD 20735

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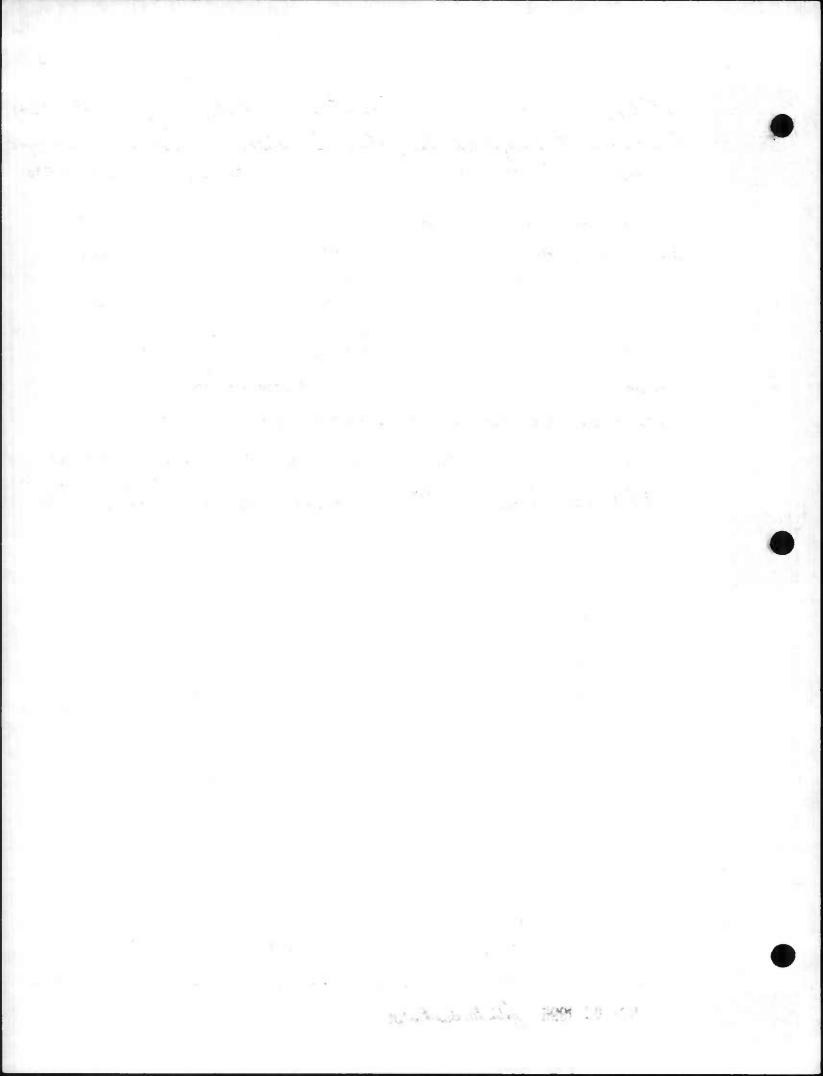
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32 Registrar's Signature

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Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

To the Hospital or Attanding P within 24 hours eftar death.

To the Funeral Director: After I completely filled in by the funer

Medical Certification

State

29a. Certifier (Check only one)

29b. Signeture and title of certifian

3 Suicide 4 Homicide

o completed ceuse of deeth (Item 23e) (Type, Print)

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

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28e. Place of Injury - At home, term, street, factory, office
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28f. Location (Street end Number or Rural Route Number, 22

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12 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) 29c. License number 29d. Data signed (Month, Dey, Year)

O.C.M.E. OCTOBER 25, 1996

111 Penn Street, Baltimore, Maryland 21201

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State of Maryland / Department of Health and Mental Hygiene 96 3423

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H	Page 1	Con	/ / / / / /							101	res 20 No	1	☐ Yes 2☐ No
Vite	ysician: The s certificate director, pag	Be	25. Wes cese referred to medicel examiner?	Hagaital:					e of Deeth	(Check only o	ne)		
of	5 00	7°	1 Yes 2 No	Hospitel: 1 Inpati			3L DON				dence 6 □Oth		fy)
CO	After After funer	Certification:	27. Menner of Deeth 1	28a. Dete of Inju (Month, Da	ly Year)	Time of njury	28c. Inju Wo M 1 [ork?]Yes 2.□		zea. Describe r	now injury occur	red	
Division	or Attending lefter deeth. Director: After in by the funer	fica	3 Suicide 6 Could not b		jury - At home, fa	ırm stre				28f. Location /5	Street and Numl	ber or Rur	ral Route Number,
Ö	oftar eftar Director d in b	erti	4 Homicide		c. (Specify)	,				City or Tov			
	Hospital 24 hours Funeral I		29a. Certifier 1 Certifying Ph	ysicien: To the best	of my knowledge	, deeth	occurred et the t	time, dete er	nd plece, e	end due to the	ceuse(s) end m	enner es :	steted.
	To the Hospital or Attending Phwithin 24 hours eftar deeth. To the Funeral Director: After the completely filled in by the funerel	edical	(Check only 2 Medical Examone)	iner: On the basis of end menner st	r examinetion en ated.	d/or invi	estigetion, in my	opinion, des	occurre	ed et the time,	dete end place,	end due l	o the ceuse(s)
	within 2 To the	Σ	29b. Signeture end title of partition	M	A.		/	se number	~/		29d. Dete signe	(Month,	Day, Year)
	(0)		· Mu	0/11	In	X	W.	348	5 60		10/	dy,	126
	(1'1)		30. Neme end eddress of person who										
	(/		Oleg Shpak, MD		inapolis			am, Mi	20	706			
	Sta Registr		31. Dete filed (Month, Day, Year)	32 Regist	rar's Signeture	rdall							
	ricgisti	ш	OCT 3 0 199	O June		- 4							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Data of Death Month HOWARD HINES 10 1996 28 7:55 AM 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Prince George's Hospital Center Cheverly Prince George's If Undar 1 Yaar | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foraign Country) Months 1⊠ M 2□ F 578-01-1040 86 03 04 1910 Washington, D.C. Usual Rasidance of Dacadant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1X Yas 2 No Prince George's Glenarden 10f. Zip Coda 10g. Citizan of What Country? 7920 Polk Street 20706 U.S.A. Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Dacedant Evar in U,S. Armed Forcas? 14. Race - American Indien, Black, Whita, atc. 1 RYas 2 No 1/11/ KYas, Giva 1943 Yeer of Dates 1945 1 ☐ Navar Marriad 2 ☑ Marriad 1 ☐ Yas 2 No Specify: Black 3 ☐ Widowad 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Spacify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Government Proof Reader 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Ashley Hines Mary Jane Turner 19a. Intormant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Helen J. Hines/Wife 7920 Polk Street, Glenarden, Maryland 20706 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 11/01/ 4 ☐ Donation 5 ☐ Othar (Specify) Maryland Veterans Cametery Cheltenham, Maryland 1996 21. Signatura of Funaral Sarvice Licensee 22. Name end Addrass of Facility J. B. JENKINS FUNERAL HOME Perce A. 7474 Landover Road, Landover, Maryland 20785 23a. Pert1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batwaan Onset and Death Sequantially list conditions, if eny, laading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initiated avents resulting in daath) Lest Dua to (or as a consequence ot): Due to (or es e consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy tindings available prior to 24a. Was an eutopsy performed? complation of cause of death? 1 🗆 Yas 20 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Stripatient 2 □ ER/Outpetient 3 □ DOA 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be 28a. Place of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) 28t. Location (Streat and Number or Rural Route Number, City or Town, State)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

show

28a-f s

6 items 23a

traumatic event, the Medical Examiner must be notified at

permit. Pagas 1 end 2 should be filed within 72 hours eftar d Departmant of Haalth and Mantel hygiene. Important: If Nem 27 is marked other than "natural", or item any injury or other traumatic event, the Modical Examinat.

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records.

Funeral

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Completed

Be 2

tha Maryland

MAURICE

10a, Stata

Maryland

10e. Street and Numbar

Nance

Immadiata Causa (Final disaasa or condition rasulting in daath)

1 ☐ Yes 2 No

27. Manner of Death

1 Natural

2 Accidant

3 ☐ Suicida

29a. Cartifian

4 Homicida

(Check only one)

Exami Physician/Medical ð Completed Be Certification: To

sician and buriel-transit director,

Tha law requires that the daeth cartificata be executed sate has been signed page 2 should be de this cartificate Hospital or Attending Physician: illed in by tha funaral Aftar s efter daath.

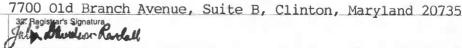
Division of Vital 24 hours To the Hosp within 24 hou To the Fune complately fil Registra

State

Medical

30. Nama and addrass of person who completed causa of death (Itam 23a) (Typa, Print) SAM TELLAWI, M.D., 31. Date filed (Month, Day, Year) DCT3 0 1996

29b. Signatura and titla of certifian



15 Certifying Phyafofan: To tha bast of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29c. Licanse number

29d. Data signed (Month, Day, Year)

				State of Ma	aryland / [Department of I	Health and Me	ental Hyg	iene 🗦	6 34233
						Certificate of	Death	Re	g. No.	
п	Dhuaisi		1. Decedent's Nama (First, Middla, Las	it)				2. Date of Deat Month		3. Tima of Death
	Physic /Medi		NAOMI	HERMIN	A H	ERRING	I	November	r 2 199	5:15 a.m.
Ž	Examir		4a. Facility Name (If not institution, give Mallard Ba				4b. City, Town, or Loc Cambr:		4c. County of Dorc	Death Chester
	Funeral Director		138-26-9610	ex □ M 27 F 7. Ag	a (In yrs. last bir 3	thday) If Under 1 Year Yrs. Months Days	Hours Min.	8. Data of Birth (Month, Day, MAR 3 19		9. Birthplaca (Stata or Foraign Country) Maryland
	pur *		Usual Rasidance of Dacedant 10a, Stata 10b, County		10c. City, Tow	n or Location				10d. Insida City Limits
	Maryle a-f aho	tor	MD Dorches	ster	100	Cambridge				12 Yas 2 □ No
	h with the 23a or 28 at be not	Funeral Director	10e. Street and Number 520 Glenburn	Ave.		10f. Zip Coda	21613	10	Og. Citizan of Wh	
020	within 72 hours aftar death with the Maryland ene. than "natural", or itema 23a or 28a-f ahow ita Majical Examiner must be notified at	by	11. Marital Stetus 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 █ Divorced	12. Was Decedant Armed Forces? 1 ☐ Yas 2 ☐ I If Yas, Giva Year or Detes:		13. Wes Decedant of If Yas, specify Cut	Hispanic Orlgin? (Spec pan, Maxican, Puarto F Specify:	olfy Yas or No- lican, atc.)		American Indien, Whita, atc. White
21215-0020	"natur	Completed	15. Decedent's Ed (Spacify only highast grad	ucation da complated)	16a.	Decedent's Usual Occu (Giva kind of work dona life. DO NOT use retire	pation during most of workin	g	16b. Kind of Busi	inass/Industry
212	filed withi Hygiene. rther than	Comp	Elementery/Secondary (0-12)	Collega (1-4or 5		sembly line	coordinate	or e		nics mfg.
Maryland	ges 1 and 2 should be filed within 72 ho t of Health and Mental hygiene. If Item 27 is marked other than "natur or other traumatic event, the Medical	To Be	17. Fether's Nema (First, Middla, Last) Roland		John		18. Mothar's Nama	(First, Middla, M aomi		Benton
Man	d 2 sho th and P 7 is me traume		19a. Informent's Neme/Ralationship (7 Mrs. Charlene Ad		1	. Mailing Addrass (Stree				
ē,	Health tem 27 other tr		20a. Method of Disposition	adilb data	20b. Place of	Disposition (Nama of				ity or Town, Stata
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr 900.9.		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			ry, cramatory or othar pla ew Market C		1-5	East New	Market Md.
Ball	Depart Import any in		21. Signatura of Fonerel Service Licens Karrett		- gr.		ess of Facility neral Home t St. Camb		MD 21613	3
	Physician		23a. Part1. Enter the disease, or comp shock, or haert failure. List only of	ollcetions that caused ona causa on each lin	I the daath. Do i					Approximata interval Between Onsat and Death
и	/Medical Examiner		Immediata Causa (Final disaase or condition rasulting in daath)	. Sep	313					4 days
	p #	ner	, , , , , , , , , , , , , , , , , , , ,	Chini	Dua to (or as a	consequence of)	Short			13×n
	death certificate be axecuted e attending physician and yd for use as the burial-transit	Examiner	Sequentially list conditions,	0.	Dua to (or as a	consaquence of):	- 711	_		.0,0
8760,	be axe	<u>E</u>	Sequantially list conditions, if any, leading to Immadiata cause. Enter Undartying Cause (Disease or Injury	· Quite	CAPIN.	resis				13 45
87	ohysi the t	dicai	resulting in death) Leet		Due to (or es a c					
9 X	eath certific attending p	Me	L.	a Segu	wo of	is order	٠			8 xcs.
Вох	ath c	ian								
o	hat the de od by the datached	Physician/Me	Part II. Other significant conditions co	ntributing to death be	ut not resulting Ir	tha undarlying causa gi	ivan in Part I.	23b. Did to		ribute to the cause of death?
°, P.O	as that the	ру Рћ	SIP CVA					1 🗆 Ye	s 22 No	3 ☐ Probably 4 ☐ Ûnknow
Records,	aw requir is been s 2 should	Completed I						24a. Was ar perform		24b. Wara sutopsy findings evallable prior to completion of causa of death?
		Corr						1 □ Ya	s 25tho	1 ☐ Yas 2 ☐ No
Viita	ician: The certificate rector, pay	Be	25. Was casa rafarred to medical axaminar?				26. Place of Deeth	(Check only on	a)	
ō	2 00	2	1 Yas 2 Alo	Hospital: 1 ☐ Inpatie	nt 2□ER/Ou	tpatient 3□ DOA Ot	thar: 4 St Nursing Horr	a 5 Reside	nca 6 🗆 Othar	(Specify)
ion	i or Attending Ph after death. Director: After th d in by the funeral	ation:	27. Mannar of Death 1	28e. Date of Inju (Month, Day	ry <i>Year)</i> 28b. 1	Fima of 28c. Injury Wo	ork? ⊇Yas 2□No	8d. Dascribe ho	w Injury occurred	d
	a for Atte	Certification:	3 Sulcida 6 Could not be determined	28a. Placa of injubuilding, etc	ury - At homa, ta c. <i>(Spacify)</i>	rm, straat, factory, office	2	8f. Location (Str City or Town		r or Rural Route Number,
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai C	29a. Certifiar (Check only one) Cartifying Phy	rsician: To the best of fnar: On the basis of and mannar sta	axamination and	, daath occurrad at tha ti d/or investigation, in my	ima, date end plece, e opinion, death occurre	nd dua to the ca d at the time, de	use(s) and man ete end place, an	nar as stated. Indicate the cause(s)
	To the Within 2 To the comple	Me	29b. Signature end title of certifier			29c. Licen	se number	29	d. Dete signed	(Month, Dey, Year)
			Mafeler	mms		00	6388	- //	115/96	

State Registrar

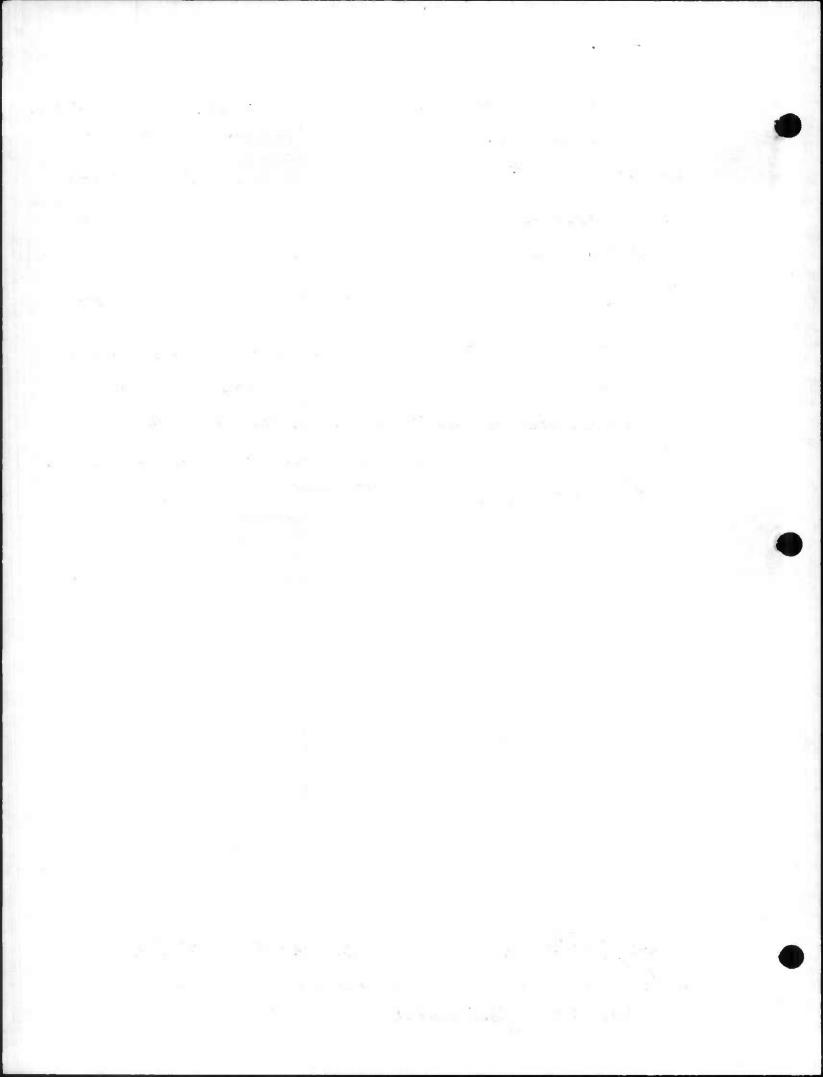
30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

Michael Factor MD 302 Collins Humlock Mich 216 43

31. Data filed (Month, Day, Year)

NOV - 6 1996

Shi Shuker Rendall



State of Maryland / Department of Health and Mental Hygiene 96 34234

						Cert	ificate of	Death			Reg. No.		- 1 tong - 0	
			Decedent's Neme (First, Middle, Last)							2. Dete of Deeth Month Dey Yee			3. Time of Death	
Physici /Media Examir			BONNIE D. JOHNSON							Octob		1996	1:22 am	
			4e. Fecility Neme (If not institution, giv				4b. City, Town, or Lo							
			6203 Longfellow		F			Riverdale		Prince		orge's		
	Funeral	Г	5. Social Security Number 6. Sex 7. Age (In yrs. I			est birthday) If Under 1 Yea Months Deys					th Veer	9. Birthr	Birthplace (Stete or Foreign Country)	
37	Director		218-56-6758	2 `	Yrs.	Months Deys	s Hours Min.		May 8,	1954	1954 Washington			
'g	2	1	Usuel Residence of Decedent											
el/rie	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Menyland Department of Heelih and Mental Hygiena. Important: If them 27 is marked other than "natural", or hems 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at once.	-	10e. Stete 10b. County		City, Town							1	IOd. Inside City Limits	
ě.		cto	MD Prince George's Riverdale										1 No 2 No	
ë		Director	10e. Street end Number				10f. Zip Code				10g. Citizen	of Whet Cour	ntry?	
w th			6203 Longfellow			20737-2	2665			U.S.A	•			
90		Funeral	11. Meritel Stetus	12. Was Decedent Ever in Armed Forces?	n U,S.	13. W	es Decedent of h Yes, specify Cub	lispanic Ori	gin? (Spe	ecify Yes or No Ricen, etc.)	j- 14, l	Rece - Americ Bleck, White,		
20 affe		Y F	1 Never Married 2 Merried 1 Yes 2 No If Yes, Give Yeer or Detes:			1 ☐ Yes 2 No Specify:					Specify:			
000		d by										White		
5-12		Completed	15. Decedent's Education (Specify only highest grade completed)		16a.	16a, Decedent's Usuel Occupation (Give kind of work done during most life. DO NOT use retired)			st of working		16b. Kind of Business/Indus		dustry	
12 villa		mp	Elementary/Secondery (0-12)	College (1-4or 5+)	Mor						N/A			
D 5		ပိ	17. Fether's Neme (First, Middle, Last)		Nev	/61	Employed	18. Mother's Name (First, Middle						
an		Be	John R. Seibert											
Ty house		To		401	19b. Melling Address (Street end Number or Run			e Gaither						
			19a. Informent's Neme/Reletionship (
e i			John R. Seibert -				Longiel. tion (Name of	Low St	reet	Dete Dete		-	and 20737	
See			1 X Buriel 2 ☐ Cremetion 3 ☐	cem eter	metery, cremetory or other place)				20c. Location - City or Town, Stete					
ting.			4 □ Donetion 5 □ Other (Specify) Fort Lincoln Cemetery							0/28/96 Brentwood, Maryland				
Baltimore,			21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Francis Gasch's Sons Funeral Home, P.A.										Α.	
	0.U = 8 0		W. P. Gerser 4739 Baltimore Avenue, Hyattsville, MD 20781											
	Certificete be executed funding physician and funding physician and se as the burial-transit		23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plications that caused the done cause on each line.	leath. Do n	ot enter	the mode of dyl	ng, such es	cardiec o	or respiretory e	rrest,		Approximate Interval Between	
			Sudden Death of Uncertain Etiology -											
			Immediate Cause (Final disease or condition Strongly Suspect Acute Pulmonary Embolism 15 M							5 Minutes				
		Examiner	resulting In death)		o (or es e c									
70				Acute Thro	mboph	ı1eb	itis, r	ight 1	ower	leg		1	2 Weeks	
Bout		хап	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Chronic Obstructive Pulmonary Disease or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of):											
68760,	cian									ıse		1	0 Years	
87 eete	the	edicai										1		
X 6	, 5 g	Me	L	d										
0 ~	as that the daath or gned by the atten be detached for u													
о. ф ф		Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco use contribute to the cause of death? 1 ☑ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown				
O F														
		٥												
ords	peen si	Be Completed									24e. Wes en eutopsy 2 performed?		ere eutopsy findings ellable prior to empletion of cause	
e ĕ	or Attending Physician: The law sher deads sher deads Director. After this certificate has by in by the funeral director, page 2 s											of	deeth?	
= F										10	Yes 2 N	1 [☐ Yes 2☐ No	
Vital			25. Wes case referred to medical examiner?	26. Place of Deetl						th (Check only one)				
Physic		2	1 X Yes 2 □ No	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)										
0 0			27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how inj								curred		
Si O		atio	2 ☐ Accident Investigation	M 1 Yes 2 No										
Division or Attending		Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)				 Location (Street and Number or Rural Route Number City or Town, State) 			al Route Number,			
<u>ة</u> ٥		Ce												
To the Hospital	4 hor	edicai	Crieda only 2 Medical Exam	ysician: To the best of my	knowledge,	death o	occurred et the tie	me, dete en	d pleca, o	end due to the	cause(s) and	manner as s	tated.	
the th	within 24 hours after the Funers of the Completely filled in	Medi	and menner steted.						ed of the thire,					
10			29b. Signature and title of centillur 29c. License number							29d. Dete signed (Month, Dey, Year)				
1			D12015							10/28/96				
			30. Name and eddrees of person who completed cause of deeth (Item 23e) (Type, Print)											
0)		Louis Steinberg,	M.D. 6492 I	andov	er :	Road, La	andove	r, M	[arylan	d 2078	5		
	Sta		31. Dete filed (Month, Day, Year)	32. Registrar's Si	gneture	0 .0								
	Registr	ar	OCT 2 9 19 9	D JAMA DOWN	Mary M	Mall								

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE. MARYLAND 21215-0020

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN					
	4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	1	ELEANOR DORIS	JOHNSON				October 2	DAY YEA	5:00 pM			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN	8. Bit	RTHPLACE (State or Foreign			
_		579-20-7834	1 M 2 F	71 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year)		st. of Colum.			
should	1 8	Se. FACILITY NAME (If not institution, give str	eet and number)	/ 1	9b. CITY, TOW	N OR LOCATION OF		9c. COUNTY O				
es es	R	MANOR HEALTHCARE	CORP.		WHEA	TON		MONTGO	MERV			
1, 2,	5	RESIDENCE OF DECEDENT						THOMTOO	TILKI			
ages	DIRECTO	10a. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
physician. burial-transit permit. Pages	1		I/A	Wa	shingto				1 YES 2 NO			
Ted 1	FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
an. Iransi	N N	4744 BENNING ROAL				20020		U.S.	Α.			
physician. burial-tran	F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED 2 X NO	13. WAS I	DECENDENT OF HISP/ , specify Cuban, Maxic	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	14. R.	ACE — American Indian, lack, White, atc.			
	A	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 1	res 2 NO Spec	city:	Si	BLACK			
S en S	ED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16h KIND OF BI	JSINESS/INDUSTR				
8 3		(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during		los kind of de	7511E33/110031A				
hospital ached fo	4	11th	Conege (I-4 or 0+)	HOUSEK	FFPFF		DI	RIVATE				
the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		HOUDER	LLI LK	18. MOTHER'S N	IAME (First, Middle, Maider					
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ОШ	Unknown					TA McDANIEI					
retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		i Route Number, City or Tox					
5 st	욘	CLIFTON JOHNSON					, WASHINGTO					
may be		20a. METHOD OF DISPOSITION	20b	PLACEANDDATE	OE DISPOSITION	(Name) TVDD	CEMERTED No. 10	CATION CHI	Town States			
age 6 ma director, p		1 💢 Burial 2 🗆 Cremation 3 🗆 Ramon 4 🗆 Donation 5 🗆 Other (Specify)	val from State cem	DVT AND A	ther place)	MEM DK	10/31 LA	ASHINGI	UN D.C.			
Pag al dir	1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE/		22. NAME	AND AGORESS OF F	ACILITY 11-1-96					
death. Pag funeral di f. examiner		b ((colon	(ay cm	/ 8/1			PLUNKETT,					
	\vdash	23. PART i. Enter the diseases or co	mplications that causes	d the death. Do	1 2504	- 28th	St., NE., Was	sh., D.C	. 20018-1413			
		23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reepiratory errest, abock, or heart feiture. List only one cause on each line. Approximate interval Between										
ig ig ig ig		IMMEDIATE CAUSE (Fine) Onset and I disease or condition CONCECUTIVE HEADER TAXIADE ()										
completely fille ial, cremation,		e. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
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e be execut sician and c nior to buria traumatic	CATION	Sequentially list conditions, if any, leading to immediate b. C.O.P.D. LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):										
	8	cause. Enter UNDERLYING										
ertifical ing phy glene p	RTIF	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):							
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at the deat by the attr and Mental y Injury,	O	PART ii. Other significent conditions	contributing to deeth b	ut not resulting	in the underly	dog cause given in	n Part i. 24s. WAS AF	ALTTOREY	24b. WERE AUTOPSY FINDINGS			
that the ed by the and the and In	CAL		•			, g codes given i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
requires the seen signed of Health	MEDIC						1 _ YES	2X NO	OF DEATN?			
w requires that been signed pt. of Health and Shows amy		DID TOBACCO USE CONTR	IRUTE TO CAUSE O	E DEATH Y	S D NO	☐ UNCERTA	IN D		1 TYES 2 NO			
has has	¥.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA								
SICIAN: The certificate he the State if the State if, or item	SICIAN:		HOSPITAL: 1 Inputient 2 ER/Outp	ontlant 3 DOA	OTHER:	Iome 5 Residence	B C Other (Constitution					
SICIA certif th the d, or		27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIN	E OF 28c	INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED				
NG PHYS ther this cath with marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1	WORK?						
After death		3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— Al home, farm,	streel, factory, o	ffice	28f. LOCATION (Street		al Route Number,			
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Siz item 28 is marked, or it	COMPLETE	4 Homicide determined	bunding, etc. (opec	siy)			City or Town, State)				
OR DIRI hour	12	29a. CERTIFIER (Check only	IAN: To the best of my know	ledga, daath occurr	ed at the time, d	late and place, and du	is to the cause(s) and ma	oner es stated				
THE HOSPITAL THE FUNERAL filed within 72 h	NC		On the basis of exemination						e(s) and manner as stated.			
TO THE HOSPI TO THE FUNER TO THE WITHIN		296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			ED (Month, Day, Year)			
TO THE De filed	BE	Paul MAA	M.	C		7432			29, 1996			
FFA	5	30. NAME AND ADDRESS OF PERSON WHO	, ,		, Print)	17 125	- 0 /	OCL.	47, 1770			
(i)		Dr. Paul Armstrong				r. Laure	1. Marulan	d 20707	(Su1+0#102)			
			32. BEGISTRAR'S SIGN.	ATURE	LULK D	- · · · · ·	-19 Hary Lan	20/0/	(Bulle#102)			
		OCT 3 0 1996	Jalia Savides	Realell								

5 8 344

3. Time of Death

The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760, been signed by t should be datach page 2 : cartificata Hospital or Attending Physician: After this funeral within 24 hours after death.
To the Funeral Director: A completely filled in by the fi To the

3 1/2 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death Day **Physician** Month OHNSON 9:00 AM Oct. 26 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY If Under 1 Year | If Under 24 Hrs. 8 Date of Birth (Month, Dey, Year) 5. Social Security Number **Funeral** 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1 M 2 XF Months 85 Yrs. Director 217-66-0833 WASH., D.C. Usual Residence of Decedent the Maryland 10a. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director TY Yes 2 No MARYLAND. PRINCE GEORGES FT. WASHINGTON 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with ò 6801 Bock Road or items 23a 20744 Funeral filed within 72 hours aftar death United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Status 14. Raca - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No by Specify: Black 3 ☐ Widowed 4 ☒ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 7. Department of Haaith and Mantal Hyglana. Important: if item 27 is merked other than "ne any Injury or other traumatic event, I'm Modic once. Elementary/Secondery (0-12) College (1-4or 5+) 12 Domestic Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Charles Harris Bessie Lambert 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, Cify or Town, Stete, Zip Code) Marcella D. Lucas (Grand daughter) 506 Sandy Place, Oxon HI11, MD. 20745 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Lincoln Memorial Cemetery11/1/96 4 ☐ Donation 5 ☐ Other (Specify) Suitland, Maryland 21 Signature of Funeral Service Licenses 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOMES M859 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 5538 Marlboro Pike, Forestville, Md 20747 Approximete Interval Between Onset end Deeth **Physician** Immediete Ceuse (Finel disease or condition resulting in death) /Medical Small browell Examiner Due to (or es e consequenca of): Examiner schemic mesentenc disease Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): cardiovasculor disease atherosclerotic Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Pr Unknown Small bruse resection Be Completed by 24b. Were eutopsy findings evallable prior to completion of cause of death? cormany bypass 24e. Wes en autopsy performed? 1 Yes 2 TNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 28. Place of Deeth (Check only one) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide

State Registrar

Medical

4 Homicide

29b. Signeture and title of certifier

29e. Certifier

Exertifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated.

29c. License number

D36207

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29d. Date signed (Month, Day, Yeer)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

The Man Mis N Mi

32 Registrar's Signeture 31. Dete filed (Month, Dey, Yeer) OCT 3 0 1996

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate o	f Death		Reg. No.		
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	Examir		4e Fecility Neme (If not institution, gi	a street and nu	m <i>ber)</i>			4b. City, Town, or	Location of Dec	th 4c. County	of Death	
			Bourse Heal	n Cent	FOY			Polis	۶	Prin	co 60	nma's
	Funeral		5. Social Security Number 6.	Sex	7. Age (In yrs.	last birthdey)	If Under 1 Yas		8. Dete of B			elece (Steta or Foreign
ч	Director		007 36 1141	1 M 2 F	57	Yrs.	Months Dey	s Hours Min.	Sept.	25 1939	Mair	ne
	D		Usuel Residence of Decedent						15.5.			
	how		10e. Stete 10b. County			ty, Town or Lo	cation				11	0d. Inside City Limits
	the Maryland r 28a-f show	cto	Maryland Prince	George's	s Boy	wie						MOXYes 2 □ No
	death with the Maryland ms 23s or 28s-f show	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whef Coun	itry?
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0	or he		1 ☐ Nevar Married 🔏 ☑ Married	Armed Fo	2 No				o Hican, atc.)		ck, White,	atc.
21215-0020		by	3 Widowed 4 Divorced	If Yas, Giv Yeer or D	/e atas: 57-(☐ Yas 2 🖳 N	o Specify:		Specif	Whit	te
9-0	72 hours natural',	Completed	15. Decedent's E	ducation		18a. Deced	ent's Usuel Occ	upation	u	16b. Kind of B	usiness/inc	dustry
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b	il Hygi other	Be	17. Fathar's Name (First, Middle, Las.)				18. Mother's Ner	na (First, Middl	a, Meiden Sumen	10)	
<u>a</u>	should be nd Mental marked o	ToE	Alton Kelley					Rita	Grant			
Maryland			19a. Informent's Name/Reletionship	Type, Print)		19b. Mailin	g Address (Stre	et and Number or Ru	ıral Route Num	ber, City or Town,	State, Zip	Code)
	arthe 27 le		Jody Kelley	Wife		13310	Overbr	ook Lane	Bowie N	Maryland	2071	5
Baltimore,	- F = 5		20e. Method of Disposition			Pleca of Dispos	sition (Neme of	(0.00)	Deta	20c. Location	City or To	wn, Steta
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			23a. Part1. Enter tha diseese, or con shock, or heert feilure. List only	plications that c one ceuse on e	ausad the daatl ech line.	h. Do nof ente	or the mode of d	ylng, such as cardlad	or raspiratory	arrest,		Approximeta Intervei Between Onset end Deeth
	Physician		A STATE TO SELECT								į	Onset end Deeth
7	/Medical Examiner		Immediate Ceuse (Final disaase or condition		cor	rgesi	time	hear	F-9	lathur	(lux.
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68760	ertificate be axecuing physician and es the burial-tran	edical	that initieted events resulting in deeth) Last	С.	Dua to (o	r as a consequ	uence of):		1			
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	that the death co	Completed by Physician	Pert If. Other significant conditions						23b. Die	d tobacco use co	ntribute to	the cause of death?
P.0	that the	윤	and the t	Ti	1. 1.				10	Yes 2 No	3 Prot	bably 4 Unknown
	se the	þ	munn	we-	aur	7 CM	ncer				,	
Division of Vital Records,	w requires that been signed to should be det	8	metasta			-t-	0 01	P. A.	24a. Wa	s en eutopsy formed?	24b. We	era autopsy findings ellable prior to
S	s be	Die	ar com	1 6	nan	nune	- 00	aun			COL	mpletion of cause daeth?
æ	sician: The law certificate has t lirector, page 2 s	E							1	Yas 2 No	15	Yes 2 No
ta	iffical	Bec	25. Wes case referred to medical					26. Piace of Dec				3100 2,5140
>	Physician: this certific ral director,	To B	axaminer? 1 ☐ Yas 2 ☑ No	Hospitel:	npatient 20%	ER/Outpatien	3□ DOA C	hab.		sidenca 8 Ott	or (Canall	
O	Phys rthis and di		27. Menner of Death			28b. Time of	28c. Inj	4 Li Nuising n		how Injury occur		//
o	Attending or death.	Certification:	1 Neturei 5 ☐ Pending 2 ☐ Accident investigatio		of Injury th, Dey Year)	Injury		ork? □Yes 2□No				
S	death. ctor: A y the f	fica	3 ☐ Suicide 6 ☐ Could not b	e 00 - Di	of Injury - At he	ome ferm stre	et, fectory, offic		28f. Location	(Street and Numi	per or Rura	il Boute Number
5	after Direct	ET.	4 ☐ Homicide determined	buildi	ng, etc. (Specif	y)	, (oo.o.y, oo			own, Stete)		
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	To the Hospitat or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edicai		niner: On the ba	test of my know tests of examiner ter steted.	tion end/or inv	estigetion, in my	time, dete end pieca opinion, deeth occu	rred et the time	o, dete and pieca,	end due to	the cause(s)
	ithin or the omple	Mec	29b. Signeture end fittle of certifier			thysica	29c. Lice	nse number		29d. Data signe	d (Month	Dev. Year)
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	7.		- Wound C	(1 1)	meli	n /	U	16063		Octi	281	171 p
10	1 /Va		30. Neme and eddress of person who	completed caus	e of deeth (Item	1 23e) (Type, F	Print)	11 1		IND	2071	5
	/ 100		David A. Bre	tchev	, M.D.	143	100 62	ullant	rox h	11, #1	18,	Doure,
	Sta	STAME	31. Dete flied (Month, Dey, Year)	32	agistrar's Signe	ture	1			•		
	Registr	af	OC 1 3 0 19	36 Jul	A SURLING	M. LAMORT	٧					

see farming page

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middla 2. Date of Deeth Last) 3 Time of Death **Physician** 22 rine /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4d. County of Death Examiner 12/18 rive GOWIE beorge's 5. Social Security Number 6. Sax If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthplece (Stata or Foreign Country) **Funeral** 1 □ M 2504F Months Days Hours Min. Yrs. Director 212 64 0189 43 Nov. 25,1952 Washington D.C Usual Residence of Decedent death with the Maryland 10e. State 10b. County 7 is merked other than "natural", or Itams 23s or 28s-f show traumatic avent, the Medical Examinar must be notified at 10c. City. Town or Location 10d. Inside City Limits Maryland Prince George's Bowie Yas 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 12118 Backus Drive 20720 Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? Wes Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, filed within 72 hours after 1√√Yes 2 No If Yes, Give 1 ☐ Never Merried 🛠 🔀 Married Baltimore, Maryland 21215-0020 1□ Yes 2□No Specify: Specify: à Yeer or Detes: 87-present White 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed withit Depertment of Health and Mental Hygiene. Important: If flam 27 is merked other than any Injury or other traument. College (1-4or 5+) Elamentery/Secondery (0-12) Electronic Engineer NASA 18. Mothar's Neme (First, Middle, Meldan Sumema) 17. Fether's Neme (First, Middla, Last) Be Selvino G. Scalone 2 Angelina DiGennaro 19e, Informent's Neme/Reletionship (Type Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Donald Scott Kitterman Husband 12118 Backus Drive Bowie Maryland 20720 20b. Plece of Disposition (Nema of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 → Burial 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) akemont Memorial Gardens 10/26/96 Davidsonville Md. 22. Name end Address of Fecility Robert E. Evans Funeral Home, P.A. ь 16000 Annapolis Rd. Bowie Md. 23a. Part1. Enter the disease, or complications that ausad the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shook, or heart fellure. List only one cause on each line. Approximata Interval Between Onset and Death Physician Immediete Cause (Finel disaasa or condition resulting in deeth) /Medical Examiner Examiner buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Ceuse (Diseese or Injury that Initieted events Bnd Due to (or es e consequence of) ре ехво P.O. Box 68760. ettending physicien for use as the burie Physician/Medical thet Initieted events rasulting In death) Last Dua to (or es e consequança of): signed by the t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 4 Unknown 3 Probably 1 Yss 2 No Records, þ 24b. Wera eutopsy findings available prior to Completed 24a. Was an autopsy been completion of cause of death? The lew page 2 certificate hes 1 Yes 1 TYes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Diractor: After this certified 25. Wes cesa referred to medice exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Desidence 6 Other (Specify) 2 No 10 1 Tes 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Di 28a. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide in by t 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the best of my knowledge, deeth occurred et the time, date end plece, and due to the ceuse(s) end mennar as stated.

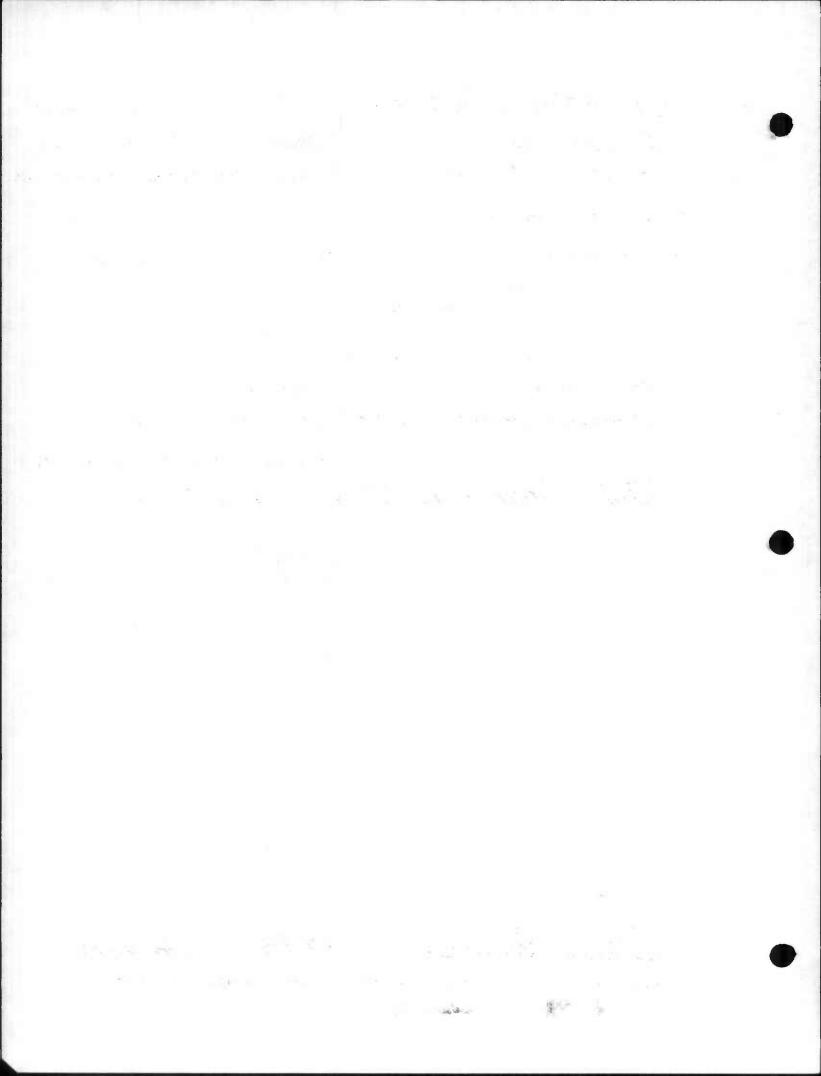
| Madical Examiner: On the bests of examination end/or investigetion, in my opinion, death occurred et the time, dete end plece, end dua to the cause(s) and mannar stated. 29a. Certifier Medical (Check only one) 29b. Signetur@end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

State Registrar

31. Date filed

Catherine Broome, M.D. George Washington University Hospital Washington DC 72 Registrar's Signetures

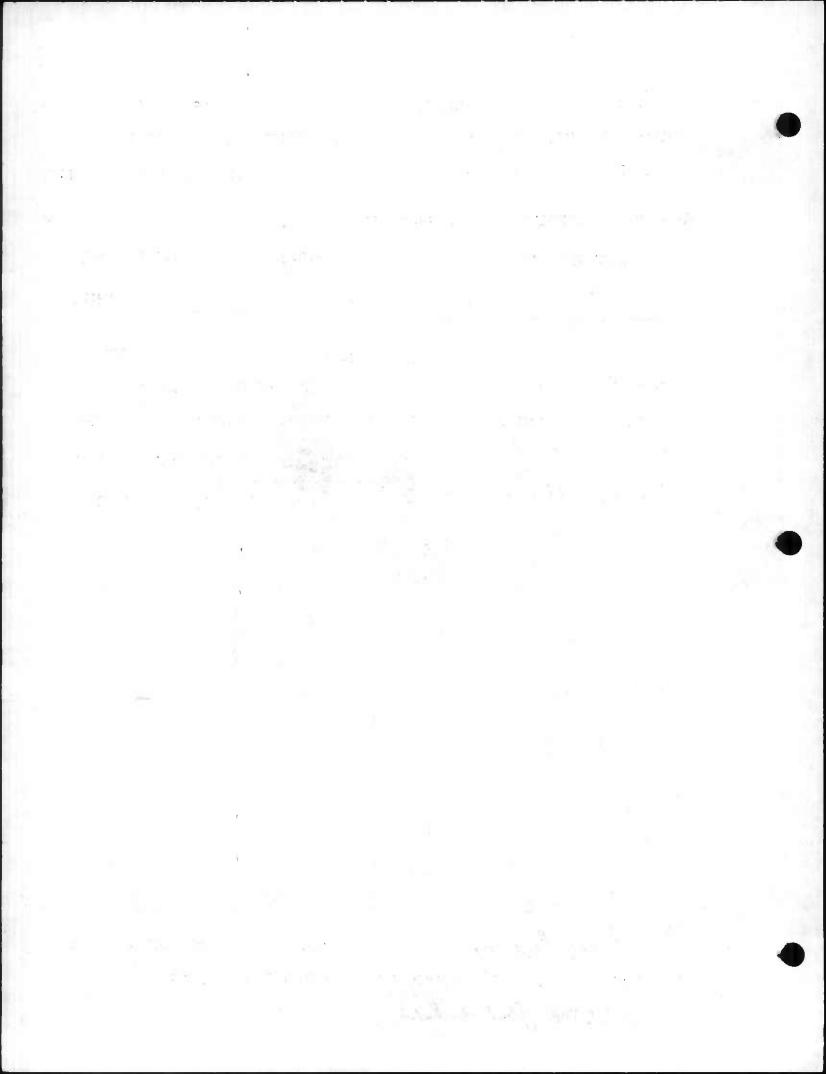
30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 96

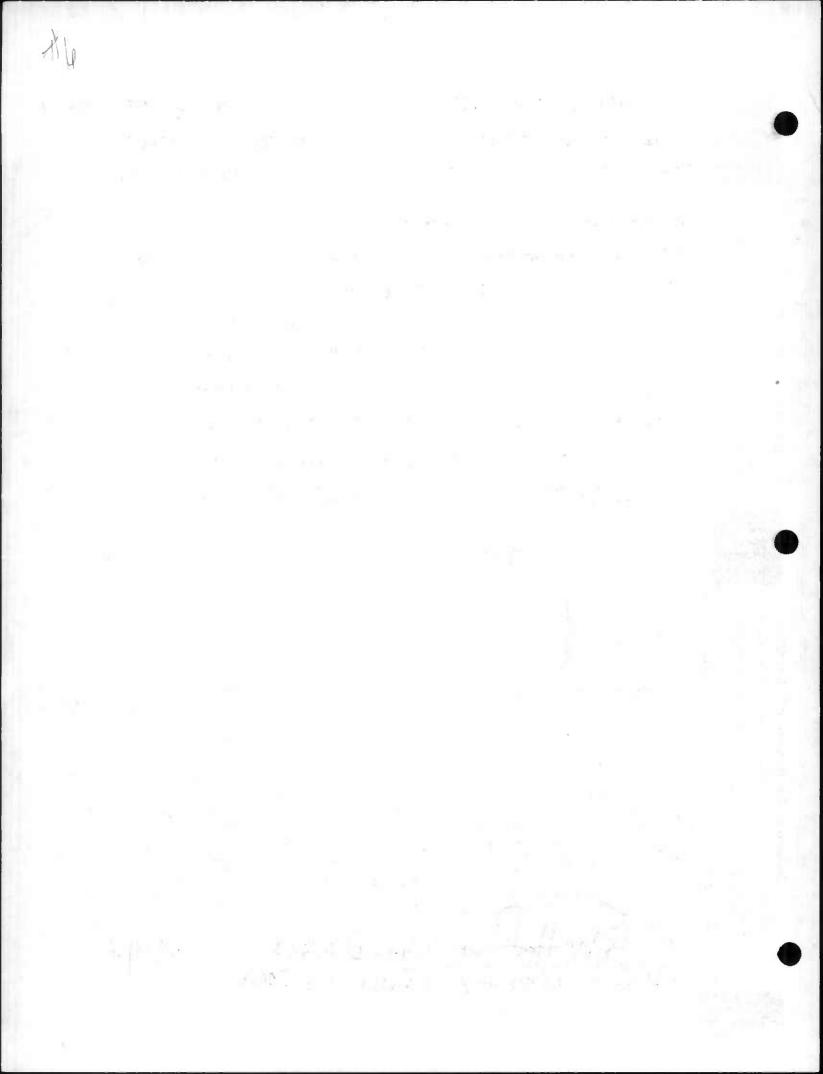
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Examiı	ner	MEDIPLEX OF MONTO	OMERY V	ILLAGE			MONTGOM	ERY VILL	AGE MON	y of Deeth	RY
Funeral Director			Sex 1 □ M 2 💢 👍	7. Age (In yrs. Ie 90	Yrs.	If Under 1 Year Months Deys		in. B. Dete of B. (Month, L. JUNE	3,1906	9. Birthpl Count MASSA	lace (Stete or Foreign try) CHUSETTS
within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show its Moucel Examine must be not the	tor	10e. State 10b. County MARYLAND MONTGO	MERY		Town or Lo					10	0d. Inside City Limits
or 28	Directo	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Count	iry?
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ours aner death with the Marylan rei', or flems 23a or 26a-f show Examiner must be nothed	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed For 1 Yes, Gi	22No ve		Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☑ No		(Specify Yes or Nerto Rican, etc.)	Io- 14. Rai Ble Specil	ca - America eck, White, e fy: W	
piene. r than "natural", r a Mourcel Ext	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation ede completed) College (1-4or 5+)	(Give life. I	dent's Usuel Occu kind of work done DO NOT use retire	during most of w	vorking	16b. Kind of B		
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Mentel Mentel arked o	To Be	HENRY DOOL	.EY		40, 11, 11		MARY	GERTRUDE	STANLE	Υ	
ta ta		JANE L. HANSON,			1515	BLUE MEA			-		854
nt: If Itel		20e. Method of Disposition 1		State	metery, cren	sition (Neme of netory or other ple CEMETER		Date 11/13/9	20c. Location	- City or Tov	
Department of Heal Important: if Item 2 any Injury or other once.		21. Signeture of Funerel Servica Lice	J.Ba	rher	22 V	Name end Addre MURIEL H.	BARBER	FUNERAL	HOME		
_		23e. Pert1. Enter the disease, or com shock, or heart failure. List only	plications thet o	caused the death.	Do not ente	er the mode of dyl	ng, such es cerdi	iac or respiretory	errest,		Approximete Intervel Between Onset end Deeth
nysician Medical xaminer		Immediate Cause (Final disease or condition resulting in death)		ocardial		2.4		,			3 hours
HIE !	ner	resulting in deeth)	1	Due to (or a	es e consea		ascular	lisease	2	N	lany years
n and lal-trans	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b. ———		es e conseq	9					
ettending physician and for use as the bunal-transit	Medical	Ceuse (Disease or injury that initiated events resulting in deeth) Lest	c	Due to (or e	es e consequ	uence of):					
ettending physician and for use as the bunal-transit	ian		d								
ed by the detached	by Physician/	Pert II. Other algnificant conditions of	contributing to de	eath but not result	ing in the ur	nderlying cause gi	ven in Pert I.		tobaccouee co Yes 2⊠No		the cause of death?
s been signe 2 should be	Completed b								s en eutopsy formed?	corr	re eutopsy findings lleble prior to appletion of cause eeth?
page 2	Eog							1 🗆	Yes 2 No	10	Yes 2 No
rthis certificate he	Be	25. Wes case referred to medical exeminer?	Hospitel:			O#		eeth (Check only	one)		
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within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	1 Neturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not b	n (Moni	th, Dey Year)	Injury	M 1□	k? Yes 2□No				
rs efter deat af Director: led in by the	Certif	4 Homicide determined	286. Pieca	of Injury - At hom ng, etc. (Specify)	e, 1arm, stre	eet, factory, office			(Street and Numb own, State)	er or Rural	Route Number,
within 24 hours efter To the Funeral Dire completely filled in b	edicai	29a. Certifier 1 1 Cartifying Ph (Check only one) 2 Medical Exam	ysician: To the niner: On the be end men	esis of examinetion	edge, deeth n end/or Inv	occurred et the tir estigetion, in my o	ne, date end pleo plni <i>on</i> , deeth occ	ce, end due to the curred et the time	cause(s) end me , date end plece,	end due to	ited. the cause(s)
To th	×	29b. Signeture end titlerof cartifier	0	21		29c. Licens			29d. Date signe		
		30. Neme end eddress of person who	COMPLETE CALL	e of death (Item 2	3a) (Tyne 1		1840		NOVEMBER	₹ 11,	1996
		DR. BRENT A. BEF	RGER, 11	.125 ROCk	VILLE	PIKE, R	OCKVILL	E, MD.	20852		
Sta Registra		31. Dete filed (Month, Dey, Year) NOV 1 5 199		egistrer's Signetur	Carlall						
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

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	/Medi Exami		4a. Facility Nama (If not institution, g	iva streat end number) D POINT RD			4	b. City, Town, or NEWBUR		h 4c. County o	Death
	Funeral Director		5. Social Security Number 230–39–3997		a (In yrs. last	t birthdey) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Data of Bin (Month, De FEB 25	CHARL th y, Yaar) 1972 M	9. Birthplaca (State or Foraign Country) aryland
	inyland show		Usual Rasidanca of Dacedant 10a. Stata 10b. County		10c. City, T	own or Loc	ation				10d. Insida City Limits
	the Marylar 28a-f show	cto	Maryland Charles	5	Nev	vburg					1 □ Yes 2√ No
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	fer death with	era	11. Marital Stetus	Point Road		13. W	20664	spanic Origin? (S	pacify Yas or No	US.	A - American Indian,
020	ours after or iter	by	X Navar Marriad 2 Marriad 3 Widowed 4 Divorced	Armed Forcas?			/as Dacedant of Hi Yes, specify Cuba ☐ Yas 2☐ No		o Rican, atc.)		White, atc. White
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Man	0 0 0 0	ľ	19a. Informent's Name/Ralationship							er, City or Town, S	teta, Zip Coda)
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Baltimore,	o o L		1 Burial 2 □ Cramation 3 4 □ Doubtion 5 □ Other (Spec				ition (Nama of atory or other place [emorial				
alti	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Sarvice Lice	ensaa		22.	Name end Addras	s of Facility		Waldor	c, MD
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	of the	Z e	29b. Signatura and the of certifiar	and mannar sta	ed.		29c. Licansa	number		29d. Date signed (Month, Day, Year)
	->-0		A Mrs.	Hocksch	ch (o	Don't	N 72	7228		10/20	PL
			30. Name and address of person who	completed ceusa of de	eth (Itam 23a	a) (Type, P	rint)	1 5=1	.N		
			31. Data filed (Morth) Day, Yaar)	O BOX 16A	/ V	valt	05+ N	A 000	UL		
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Physician October SAM /Medical Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner If Under 1 Year Birthplace (State or Foreign Country) Mern MANUIANC INTOX If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 953 7. Age (In yrs. lest birthday) 5. Social Security Number **Funeral** Months Days 1**X** M 2□ F 579-70-0050 Yrs. Director 43 September 10, Washington, DC Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show traumatic event, the Medical Examiner must be notified at District of Columbia 1 Yes 2 □ No Director 288-1 Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 2705 North Capitol Street, N. E. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Haalth and Mental Hygiena.
Important: if item 27 is marked other than "natural" ~ in page. 20002 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1X Never Married 2 ☐ Married 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 ☐ Yes 2X No þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) 12th grade Collega (1-4or 5+) Trophy Assembly/Stock Clerk Champion Trophy 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be John Leftwich Thomas Mamie Louise Farrow 19a. Informani's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2705 North Capitol Street, N.E.; Washington, D.C. 20002 Mamie L. Leftwich (mother) 20b. Place of Disposition (Name of cemetery, crematory or other piece) Nov. 2, 1996 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removal from Stele Fort Lincoln Cemetery 4 ☐ Donelion 5 ☐ Other (Specify) Brentwood, Maryland 22. Neme end Address of Fecility Latney's Funeral Home, Inc. 21. Signeture of Funeral Service Licensee 3831 Georgia Avenue, N.W.; Washington, D.C. 20011 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** fargeen /Medical Immediate Causa (Final disease or condition resulting in death) Immuno depicting gyndm Examiner Due to (or as a consequence of) Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

Within 24 hours after death.

The Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the tunnant director, page 2 should be detached for use as the burlansit completely filled in by the tunnant director, page 2 should be detached for use as the burlansit Sequentially list conditions, if any, leading to immediate cause. Enier Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the causa of death? 3 Probably 4 Unknown 1 Yes 2 XNo Records, þ 24a. Was an autopsy performed? 24b. Were autopsy findings evalleble prior to completion of cause of death? Completed 1 Yes 1 ☐ Yes 2 ☐ No. Division of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) ို 1 Yes 2 No 1 Inpatient 2 ER/Outpatieni 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 28i. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 28e. Plece of Injury - Al home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier To the best of my knowledge, death occurred at the tima, date and place, and due to the causa(s) and mannar as stated.

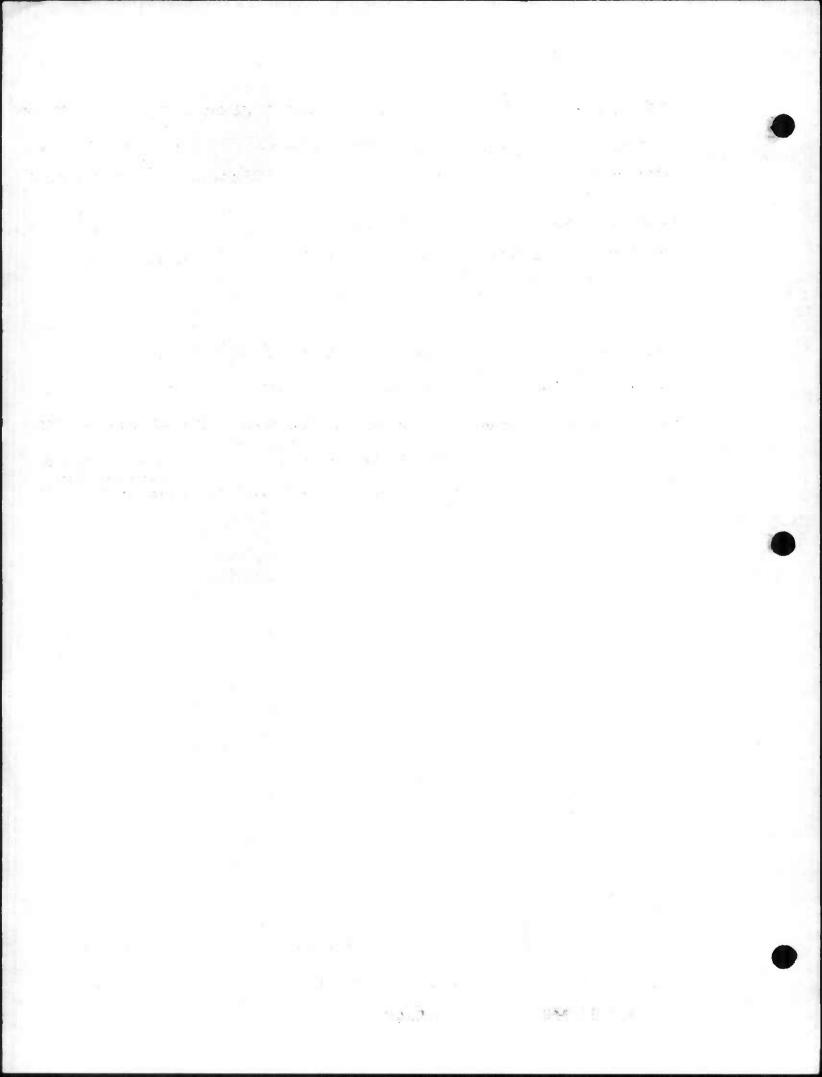
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the ceuse(s) end manner stated. (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 10-2896

State Registrar 31. Data filed (Month, Day, Year) NOV 01

Surest A.

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

Surratts Rd # 302. dintm 7501 Potela 32 Registrar's Signeture



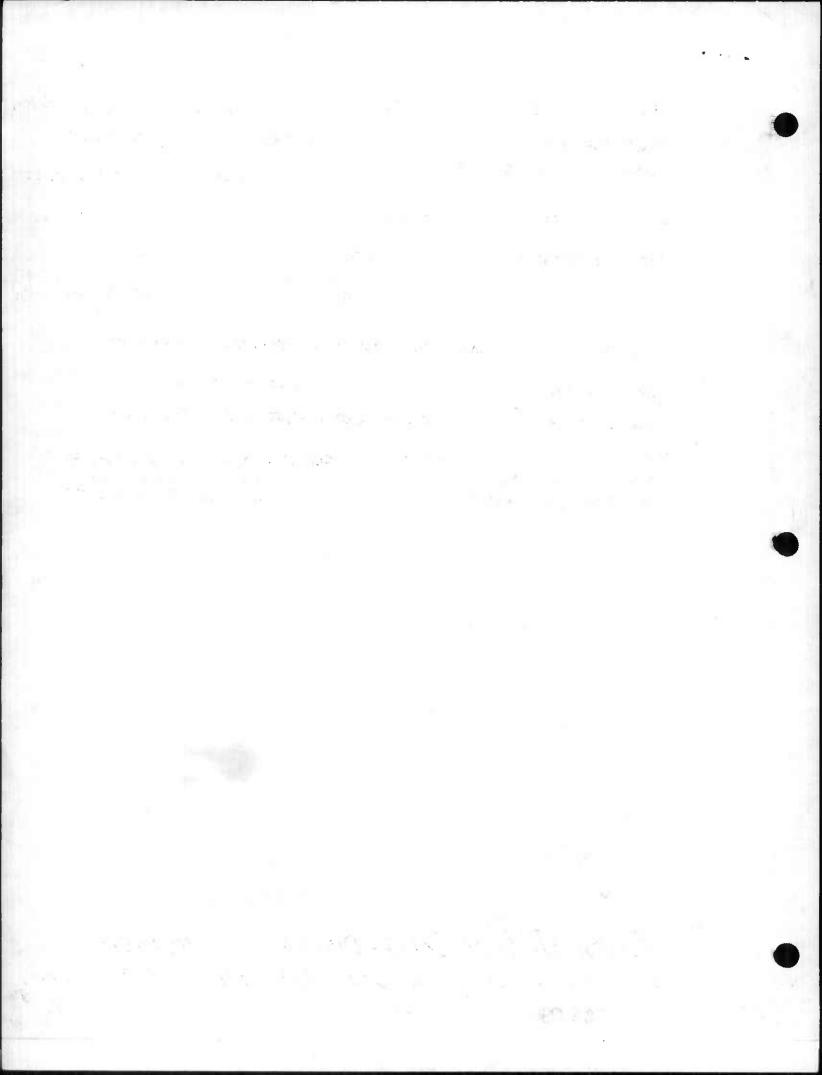
State of Maryland / Department of Health and Mental Hygiene 96 34242

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Registrar

OCT 28 1996



State of Maryland / Department of Health and Mental Hygiene 96 34243

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	Hospital 24 hours Funeral stay tilled	edicai	29e. Certifier (Check only	2 ☐ Medicai Exa	hysician: To the aminer: On the ba	best of my kno asis of examina	wiedge, deati	occurre	d at the ti	me, dete er	nd place,	end due to the	cause(s) and manner	as stat	ed. he ceuse((s)
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-	To the Hospital or within 24 hours after To the Funeral Director completely filled in the comple	Σ	29b. Signeture end	title of certifier	\bigcap			29	9c. Licens	se number			29d. Da	te signed (Mi	onth, De	ey, Year)	
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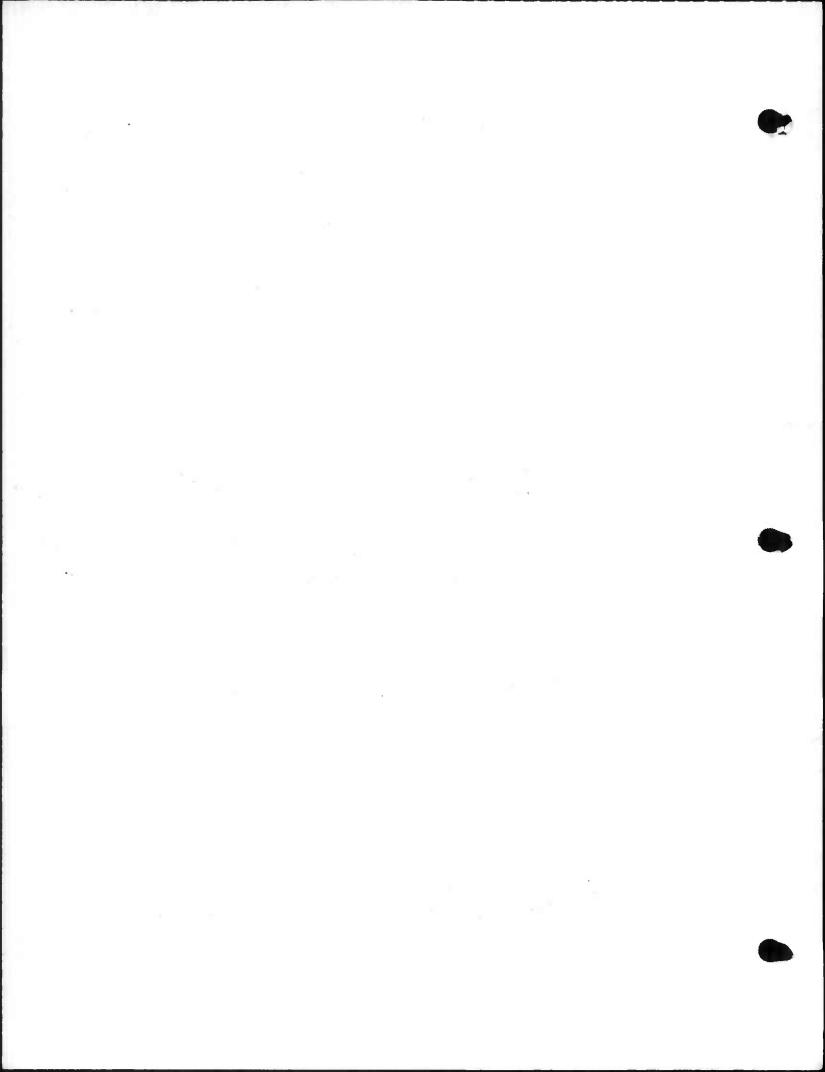
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760. TO THE HOSPITAL DR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR. After this cer be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, o

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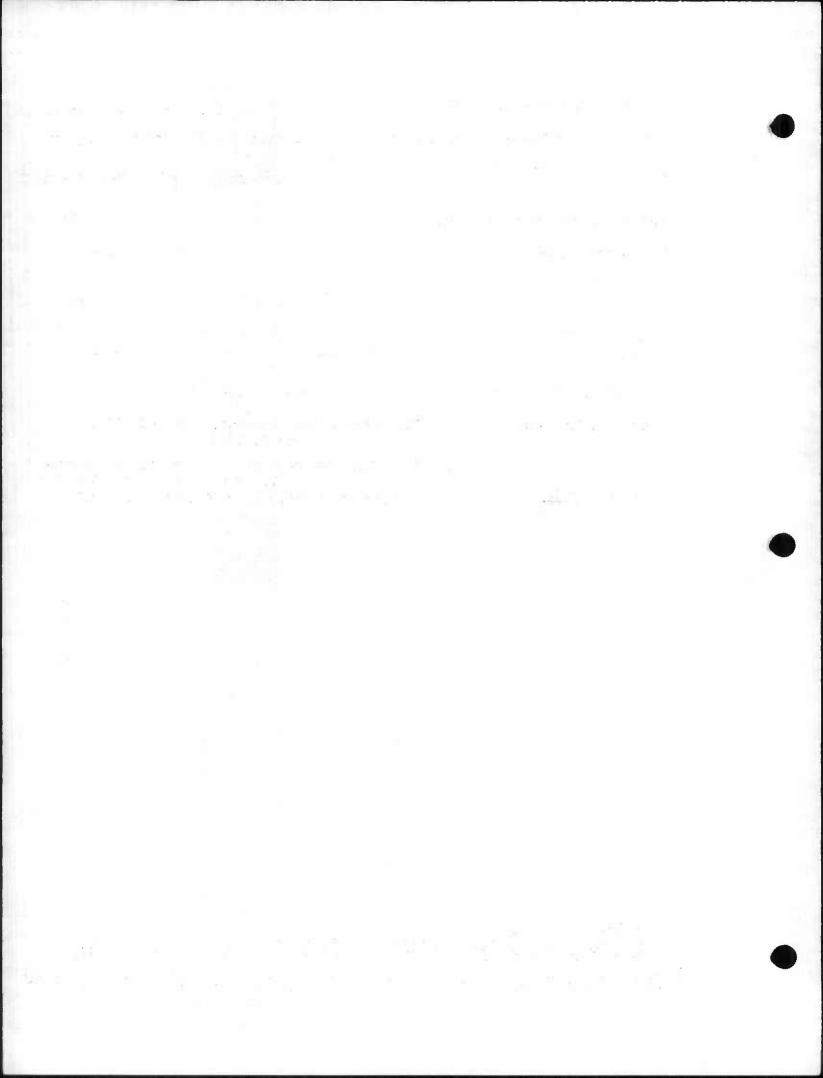
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL HYGIEN	E	
Ĭ.	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 1	LINDO	MCINTO	25H			NOV. 0	4 96	12715 AM
			/	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, BIF	RTHPLACE (State or Foleign
			o + YRS.			FEB. 6,	1929	[AMAICA
œ	9s. FACILITY NAME (If not institution, give stre				A LOCATION OF DI		9c. COUHTY OF	
DIRECTOR	PINEVIEW NUKSIN	G & KENAB	ILITATION	06	NTON	mp.	PRIN	CE GEORGES
ZEC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION	-		10d. IHSIDE CITY
	MARYLAND PRINCE	GEORGE	ACCC	KEEK				LIMITS?
3AL	10e. STREET AHD NUMBER			101	ZIP CODE		10g. CITIZEH O	F WHAT COUNTRY?
FUNERAL	#17609 CLINTON DRI				20607			STATES
J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1/2 HO	If yes, spi	city Cuban, Maxica	HIC ORIGIN? (Specify Yes in, Puerlo Ricen, etc.)	or No- 14. R/	NCE — American Indian, ack, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	VES -	1 TYES	2 N HO Specif	y:	Sp	BLACK
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of	(TION	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	H of anothing	16b. KIND OF BUS	SIHESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	ired.)	it or working			
₽	6TH GRADE		TREE SUR	GEON		LANDSC		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
8	EDGAR MC INTOSH 198. IHFORMAHT'S HAME (Type/Print)		10h MAII INC ADI	DESC (Charles		MC INTOSH Route Number, City or Town		
임	ROSE V. MC INTOSH	/ WIFE				ACCOKEEK,		D 20607
-1	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DE				CATION — City or	
	1 Donation 5 Other (Specify)		etary, crematory or other p UNTT CREMA	TORY	1	1/6/96 WAI	•	
	21. SIGHAPURE OF FUNERAL SERVICE LICE	1 1 6 .	9920VB/1		D ADDRESS OF FA	CILITY		
	LYDIA C. THORNT					AL HOME, P		EAD, MD.20640
TED BY PHYSICIAN: MEDICAL CERTIFICATION	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to death but the state of th	CONSEQUENCE OF: CONSEQUENCE OF: The consequence of the consequence o	the undarfying the work only one) HER: Hursing Home WO t Y	Cause given in UNCERTAIN	PERFOR	AUTOPSY MED?	Ab. WERE AUTOPSY FIMOHOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
4	29a. CERTIFIER	All. Ye the base of the second						
COMPLE	(Check only one) 2 MEDICAL EXAMINER:	AH: To the best of my knowle On the basis of axamination						e(s) and manner as stated.
IO BE O	30. HAME AND ADDRESS OF PERSON WHO IN THE PERSON	COMPLETED CAUSE OF DEA	11610 L1	XUS	29c. LICEHSE NUA	1595 71 M. M.	29d. DATE SIGH	ED (Month, Day, Year) 496 ECULE



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Deeth 3. Tima of Death Month Yaar **Physician** Eugene Faunteroy Montague 2, 1996 12:50 AM November /Medical 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hopsital Center Clinton Prince George's If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpleca (Stata or Foraign Country) **Funeral** 1 XM 2 ☐ F 70 Vrs Director 578-30-3633 Usuel Residence of Dacedeni Washington DC Aug 29, 1926 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or itams 23a or 28a-f show any injury or other treumatic event, the Medical Examiner must be notified at once. 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Marland Prince George's Clinton Director 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 6204 Arbutus Lane 20735 United States Funerai Wes Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puerto Rican, atc.) 12. Wes Decedent Ever in U,S. Armed Forcas? Raca - American Indian, Bieck, White, etc. 11. Maritai Status Yas 2 No fryes, Give Yaer or Detas: 1 Never Merried 2 Merriad 3altimore, Maryland 21215-0020 1 ☐ Yes 2 🖎 Specify: by Specify: **Black** 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) Truck Driver Self Employed 17. Fathar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Melden Sumema) Toleado Carroll 2 John Clinton Montague 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 6204 Arbutus Lane, Clinton, Maryland 20735 Louise W. Montaque 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) Aug 6, 1996 20a. Method of Disposition 20c. Location - City or Town, Stete 1 N Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Cheltenham, Maryland Maryland Veterans Cemetery 21. Signature of Funerel Service Licensee 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feliure. List only one cause on each line. Approximete Intarval Batween Onset end Deeth Physician ATHEROSCLEROTIC HEART DISEASE. Immediete Cause (Finel disease or condition resulting in deeth) /Medical Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last DIGMY OPATHY
Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medicai 88 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 1 SURFICENTY þ 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed No 1 □ Ves 2 □ No certificate Hospital or Attending Physician: funeral director, 25. Wes casa referred to medical examiner? 28. Piece of Deeth (Check only one) Hospitel: Annpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Yes 2 No After this 27. Menner of Deeth 28e. Dete of injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation Veturei 24 hours after death. Funeral Director: Af 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Suicide 28a. Pleca of Injury - At home, ferm, streat, factory, offica building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide edicai 29e. Certifier 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et tha tima, date and place, end dua to the cause(s) end manner es steted. To the Hosp within 24 ho To the Fune completely fi 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated. 29d. Data signed (Month, Day, Year) 29b. Signature as eddress of person who completed cause of deeth (Item 23a) (Type Print)

State Registrar NOV 0 6 1996

32. Registrer's Signeture



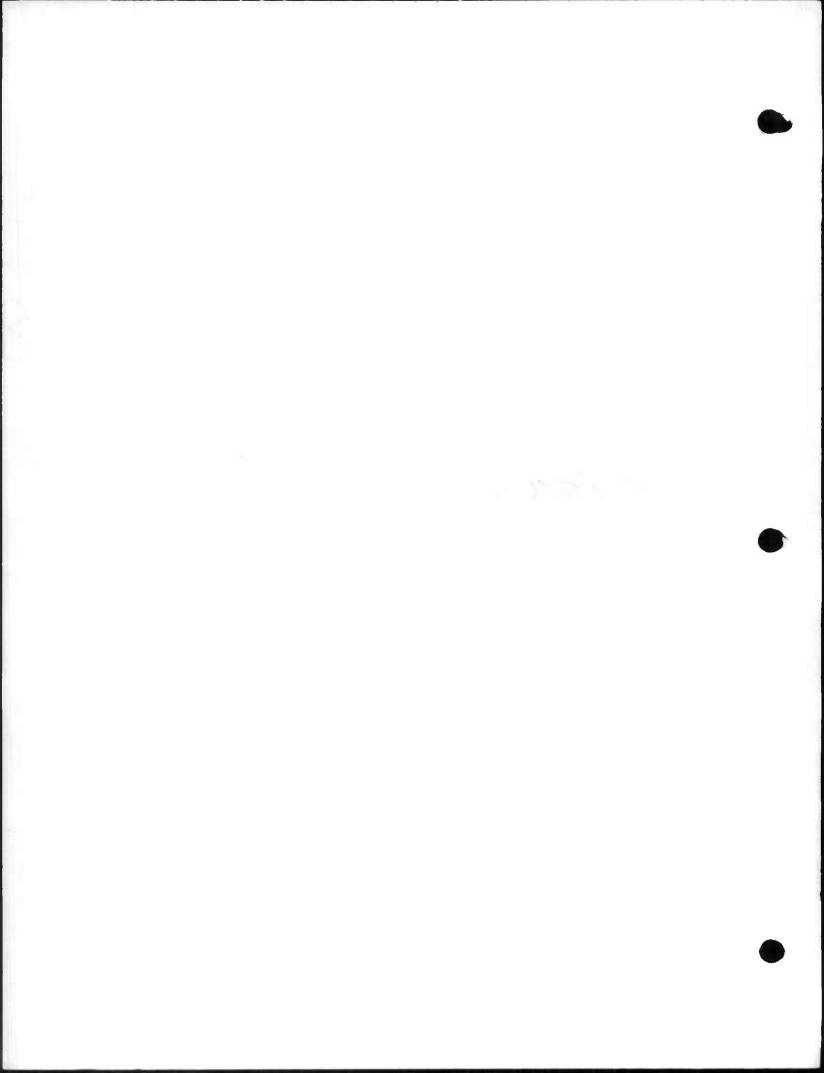
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF I	EALTH DE AT	AND N	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		JEIIII	TOATE OF	DEA			OF DEATH			3. TIME OF DEATH	н
- 1	Ro	bert Clemso	n (aka	Climpson) Mil	ler	NOVE	ember	AY 5 10	996	4.08	DM.
3			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH h, Day, Year)	7	8. BIRTI	IPLACE (State or For	eign
10	217-09-9598	™ M 2 □ F	77 YRS.	MONTHS DAYS	HOURS	MIN.		16 19	19	Mary	yland	
	9e. FACILITY NAME (If not inatitution, give stree	t and number)		9b. CITY, TOWN	OR LOCATIO	ON OF DE				NTY OF C		
10 H	Reeders Memorial H	lome		Boons	boro				Was	shing	gton	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LOCA	TION						10d. INSIDE CITY	
DIR	Marvland Washi	ngton		Hagersto							LIMITS?	wn.
AL	10e. STREET AND NUMBER	ingcon			. ZIP CODE				10g. CIT	IZEN OF 1	WHAT COUNTRY?	
FUNERAL	11 W. Baltimore St	reet			21	740			U.	S.A.		
S.		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN	17 (Specify Ye	1		E — American Indiar k, White, atc.	n,
ВУ	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DA	TES X		2 NO			Rican, etc.)		Spec	ify:	
	15. DECEDENT'S EDUCAT	TON I	18. DECEDENT	S USUAL OCCUPATI	DAI.		100	VIIIO OF BU	201500 (015		hite	
E	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of	work done during me	ast of workin	g	160	. KIND OF BU	SINESS/INC	DUSTRY		
PL	5	0	Fa	rmer				Fa	rming	·		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NA	ME (First, I	Middle, Maiden)		
BE C	Samuel E. Miller				Co	ra G	Grace	e Arms	trong	7		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street								
	Joyce Lane/Niece		112	Fairgrou	nd Av	enue	e Ha	agerst	own,	Mary	land 217	740
	20e. METHOD OF DISPOSITION 1 Disposition 3 Remove			OF DISPOSITION (Na			DAT		CATION			
	4 Donation 5 Other (Specify)		ose Hil	L Cemete				Ha	gerst	own ,	Marylan	nd
	The state of the s	111.	//	Minn				lome				
	O COUII	Villsisse	an		E. Wi				agers	town	ı, Maryla	and
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Lis	npiicationa that ceused it only one ceuse on ea	the death. Do	not enter the mo	de of dyi	ng, auch	h aa card	diec or reap	iratory an	reat,	Approximat	
- 1	IMMEDIATE CAUSE (Final disease or condition			,							Onset and	Death
	resulting in death) a	DUE TO (OR AS A		Lung							yma	72,
_	_	DUE TO (OR AS A	CONSEQUENCE (OF):								
ō	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE (OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury											
Ė	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	OF):								
CERTIFICATION	reaulting in death) LAST											
AL C	PART II. Other aignificant conditions of	contributing to death be	t not resulting	In the underlyin	g ceuse g	iven in i	Part I.	24s. WAS AN	AUTOPSY	246	. WERE AUTOPSY FIN	DINGS
2	chanic orthogra	Pulman			ten			PERFOR	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CA	
PHYSICIAN: MEDIC	Cardioralanty Dir	uen cran	m 1~	ting Dan	en			1 1E3 2	- HO		OF DEATH?	
ä	DID TOBACCO USE CONTRIB	BUTE TO CAUSE O	F DEATH Y	ES NO [UNC	ERTAIN	10					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	8. PLACE OF DEA	TH (Check only one)								
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpi	Itlent 3 DOA	OTHER:	e 5 □ Re	sidence i	8 🗆 Othe	r (Specify)				
H	27. MANNER OF DEATH 1. Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		URY AT		28d. DES	CRIBE HOW I	NJURY OC	CURED		
ВУ	2 Accident Investigation				rES 2	NO						
	3 Suicide 6 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY building, etc. (Speci	— At home, 1erm, fy)	street, factory, offic			28f. LOC. City	ATION (Street or Town, State)	and Number	or Rural I	Route Number,	Ì
COMPLETED				_	-							
MPL	(Check only											[
00	one) 2 MEDICAL EXAMINER: (On the basis of examination	and/or investigati	on, in my opinion, c	eath occur	d at the t	time, data	and place, en	d due to th	e cause(a	a) and menner as star	nted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	I MO			29c. LICE						(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C		TH (ITEM 27) (7	Defeat	25 (801.	7		- ~		7,1986	
					A		017	10.11				
	Dr. Vasant Datta 33 31. DATE FILED (Morrit, Day, Year) NOV 0 8 1996	1 22 MEDISTRANS SIGNA	et Hage	rstown.	dary	and	2174	$\frac{10}{1-3}$	01 - 73	39-71	100	



State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** Lovena Mae MARKLE 1210 4b. City, Town, or Location of Deeth /Medical 4e. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Washington County Hospital Hagerstown Washington If Under 1 Yaar | If Undar 24 Hrs. | Months | Deys | Hours | Min. | 5. Social Sacurity Number 7. Age (In yrs. lest birthdey) 8. Data of Birth (Month, Day, Year) Birthplace (Stete or Foraign Country) **Funeral** Deys 1 □ M 210 F 88 Yrs Director 297-54-0782 Feb. 20, 1908 Maryland Usual Rasidanca of Decedant death with the Marylend 10e. Steta 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. fnslde City Limits 1X Yes 2 □ No Director Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? Walnut Towers USA 21740 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indisn. 11 Maritel Stetus Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, The Massian Exercise. 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify þ 3 ☑ Widowed 4 ☐ Divorced white Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) housewife 6 her own home 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumeme) Be Alford Bruce Provard Lilley V. Mummert 2 19e. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Charles E. Mills - Son 4532 Manor Hill Dr., Whitehall, Md. 21161 20b. Piaca of Disposition (Nama of camatary, cramatory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ⊠ Burial 2 □ Cramation 3 □ Ramovei from Stata Cedar Lawn Mem. Park 4 ☐ Donation 5 ☐ Other (Specify) 11-7-96 Hagerstown, Maryland 21. Signetura - Funaral Service Licensaa 22. Nama and Addrass of Fecility any Ir MINNICH FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest,

Approx. **Physician** fmmediata Cause (Final disaasa or condition rasulting in daath) /Medical ears oronau Examiner Physician/Medical Examiner attending physician and for use as the buriel-transit The law requires that the deeth certificate be executed Sequantially list conditions, if any, laeding to Immadiata cause. Enter Undarlying Ceuse (Disaasa or injury that initiated avants Division of Vital Records, P.O. Box 68760 Due to (or a consequence of) rasulting in death) Last alaw been signed by the s should be detached Pert II. Other afgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probebly 4 ☐ Winknown þ 24b. Wara sutopsy findings available prior to complation of causa of dasth? 24a. Was sn autopsy performed? Completed hes page 2 10 1 Yas 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Was case rafarrad to medical axaminer? Be director 26. Placa of Death (Check only one) 1 Yas 2 No Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 2 1 Inpatient 2 ER/Outpatient 3□ DOA After this 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? Certification: 28d. Dascribe how Injury occurred 1 (Heture) 5 Pending invastigation r death. 1 Yas 2 No Director: A 2 Accident 6 Could not be datamined 3 Suicide in 24 hour.
The Funeral Dire.
Stilled in by 28a. Piace of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Settifying Physicisn: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

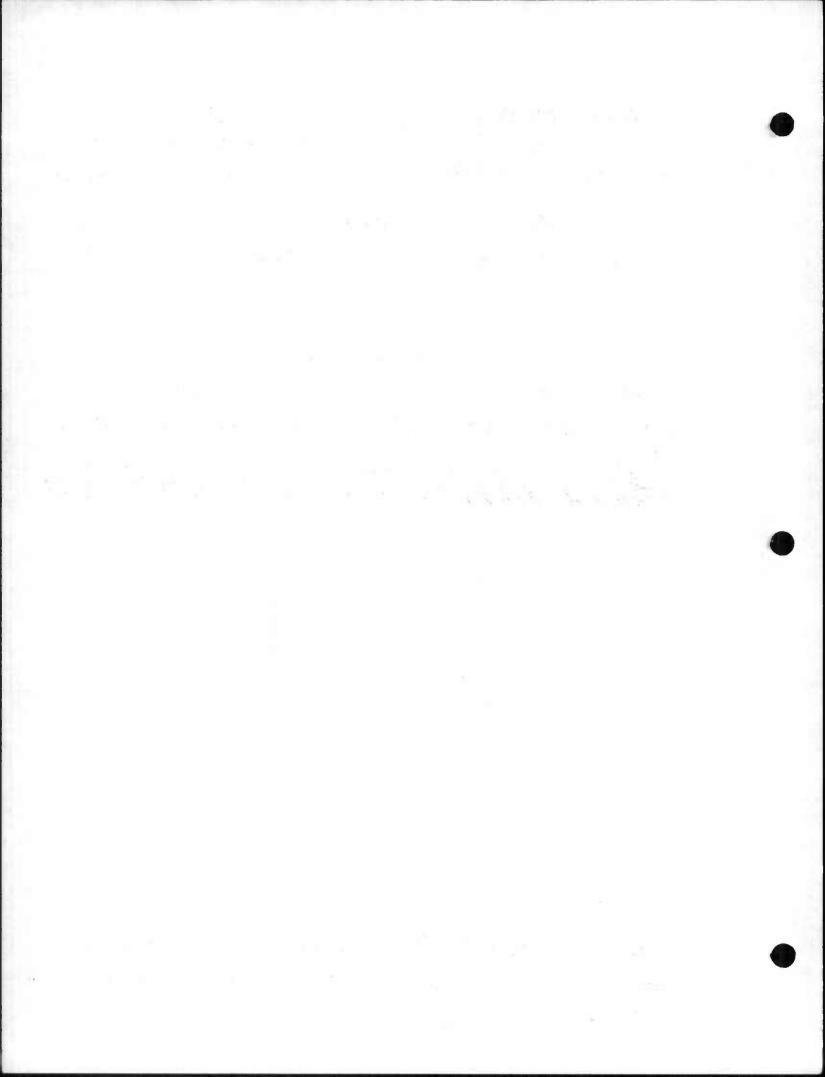
Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edica 29a. Cartifiar To the Hosp within 24 hor To the Fune completely fi (Check on 29b. Signature and title of certific 29c. License number 29d. Date signed (Moeth, Day, Year) m-1 of death (ffem 23a) (Type, Print) d address of person who completed cau 31. Data filad (Month, Dey, Yam) 32. Registrer's Signatura State Win Newsbor Revelall Registrar NOV 06 1996

DHMH 16 Rev 6/95

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					State of	Maryland		rificate of	Health and I Death	mental Hy	/giene	0	4248
			1. Decedent's Name (F	irst, Middie, Las	st)					2. Data of D	eath	Value	3. Time of Death
1	Physici /Medi		FRANCES	S C M	OSLEY					Month 1 O	2.4	Yaar 1996	4:00 PM
	Examir		4a. Facility Neme (If no	t institution, give	a straat and numb	er) Rege	ncv N	ursing	4b. City, Town, or	Location of Dee		y of Death	
			7420 Marl						Forest	ville,	MD	P.G	
	Funeral		5. Social Security Numb	per 6. S		Aga (In yrs. le	- 1	If Under 1 Yaar Months Days	If Undar 24 Hrs	8. Dete of B	irth (ay, Year)	9. Birthpl	ece (Steta or Foreign
	Director		197-16-1 Usuel Residence of De	783	- M ZAX	86	Yrs.			01-2			ryland
	and w		1	b. County		10c. City	, Town or Loc	ation				10	Od. Inside City Limits
	4 sho	20	MD	Р.	G		Force	tville					Yes 2□No
	with the Maryland a or 28a-f show be notified at	rec	10e. Street and Numbe		•		10163	10f. Zip Code			10g. Citizen of	What Count	trv?
	ith with	Funeral Director	7/20 N	Marlho	ro Pike				2074	7		US	*
	Hems 2	nera	11. Marital Status	Tarroo	12. Was Decede	ent Evar in U.S	S. 13. W	as Decedent of	Hispanic Origin? (S pan, Mexicen, Puer		o- 14. Ra	ce - America	an Indian,
0	or Its	Ē	1 Never Merried	2 Married	Armed Force	□ No				to Rican, atc.)	50.000.000	ck, White, a	atc.
00	19 _ = 3	þ	3 ☐Widowed 4 ☐	Divorced	If Yas, Give Year or Data	A is:	11	☐ Yes 2☐ No	Specify:		Speci		ack
5-0	d within 72 hours plene. r than "neturel", the Med cal Exe	Be Completed	15. (Specify o	Decedent's Ed	ucetion de completed)		16a. Decede	nt's Usual Occu	pation during most of world	rkina	16b, Kind of E		
121	within ene. than	du	Elementary/Seconde	ry (0-12)	College (1-4	or 5+)	'life. De	O NOT usa retire	ed)				
7	her t	ပိ	17. Fether's Name (Firs	t Middle (ant)			H	ome Ma	ker 18. Mothar's Nar	/F: + + #: +	Maides Come	N/	A
ano	ntei l	Be	9-1324 - Billion	TOWN COLUMN									
2	2 should be filed with end Mentel Hyglene, is marked other that aumatic event, the N	٦ ک	LOUIS 19e. Informent's Neme	Beletionship (10h Mailine	Address /Stree	Gert		ickers		Codol
\sum_{α}	th en					t \							
0	Hea Hea		Shirley To 20a. Method of Disposit		(daugn	20b. Pk	ace of Disposi	tion (Neme of	r Dr.,C	Date Date	20c. Location		
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filled will Department of Health and Mentel Hyglend Important: If from 27 is marked other the any injury or other traumatic event, the ODGs.		1 Surlel 2 Co			ete Ce	metery, crem	tory or other ple		10/20/			
₫	ortan		21. Signature of Funera			.)	Glen	WOOd Nama and Addre			96 Was		
ä	Dep any any		the	1	my	4	11 32	OO R T	ess of Fecility E	.M. Du	dley F	unera	20822
	_	0	23a Part1. Enter the d	iseasa or com	olications that caus	sad the death	JE41.4					,	Approximata
	Physician	2	shock, or heart la	ilure. List only	one cause on each	h line.	0	the mode of dy	ing, such as cardiad	or rospiratory t	411000,		Interval Between Onsat end Death
	/Medical		Immediate Ceuse (Fina	al	T	ntech	inal	obstr	uction			i	7.00045
	Examiner		diseese or condition resulting in deeth)		е		es e consequ		•				Tweeks
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	icate be axecuted physician end s the buriel-transit	Examiner	Sequentially list conditi	ons,	b		es a consequ		.003				
90,	e axe	ũ	Sequentially list conditi if eny, leeding to immer cause. Enter Underlyin Cause (Disease or Injur	diete	•							i	
68760,	sate b	dicai	thet initieted events resulting In deeth) Last		Ç	Due to (or	as a conseque	ence of):					
		-		- L	d								
Box	requires that the death certifeen signed by the attending hould be datached for use a	by Physician/M											
P.O.	the d	ıysi	Part II. Other significan	it conditions of	ontributing to deati	h but not rasul	Iting in the und	lertying ceuse gi	iven in Pert I.				the cause of death?
	that ned by data	y P	Chronic	aner	nia					1	Yes 212 No	3 🗌 Prob	ebly 4 Unknown
rds	uires n sign										s an eutopsy	24b. We	re autopsy findings
8		Completed								perf	formed?	con	illeble prior to noletion of cause leath?
Re	The law ate hes b page 2 s	E								40	Yes 2 No		Yas 2□ No
ta	iclan: The certificate rector, pag	BeC	25. Was case referred to	to medical					26. Place of Dec		He Here	11-	1189 20140
\ \		ToB	examiner?		Hospitel:	atient 2 E	ER/Outpatient	3□ DOA Ot	thor.		ildence 6 🗆 Ot	her (Specify	')
0	ding Phys h. After this funeral di		27. Menner of Death	D Decides	28a. Dete of I	njury Day Year)	28b. Time of Injury	28c. Inju			how injury occu		,
<u>i</u>	Attending ir deeth. ector: After by the fune	atic	2 Accident	Pending investigation			,,		Yes 2 No				
Division of Vital Records,	r Att	Certification:	3 ☐ Suicide 6 4 ☐ Homicide	Could not be determined	28e. Plece of building,	Injury - At hor etc. (Specify)	me, ferm, stree	t, lectory, office		28f. Location City or To	(Street and Num own, State)	ber or Rura	Route Number,
9	ital of rate o	Ce											
)	To the Hospital or Attendi within 24 hours eftar deeth. To the Funeral Director: A completaly lilled in by the f	edicai	29a. Certifier 1 (Check only one)	Certifying Phy Medical Exam	Iner: On the basis	s of examination	rledge, deeth o on and/or inve	sccurred at the ti stigation, in my	ime, dete end place opinion, deeth occu	, end due to the irred at the time	e ceuse(s) end m , dete end place,	anner as sta	ated. the ceuse(s)
	the the wmple	Me	29b. Signetura and title	of certifier	and mennar	stated.		29c Licen	se number		29d. Data sign	ed (Month I	Dev Year)
	F ≱ F 8		WO A	~ ((a	- Ca	no	2		95-50		i i	25-19	
		-	20 Name and adding	ol poveza) m	' ()	00a) /T T						
			30. Namé end eddress d	C · H		Jr. W	∠se) (Type, P	PSO F	orbes B	lud. L	anhon	1, MO	x. 20706
	Sta	e	31. Date liled (Month, D	ey, Yeer)	32. Regi	strar's Signati	ure	4				/	
	Registr		OCT 28 19	96 Ju	la Studios								
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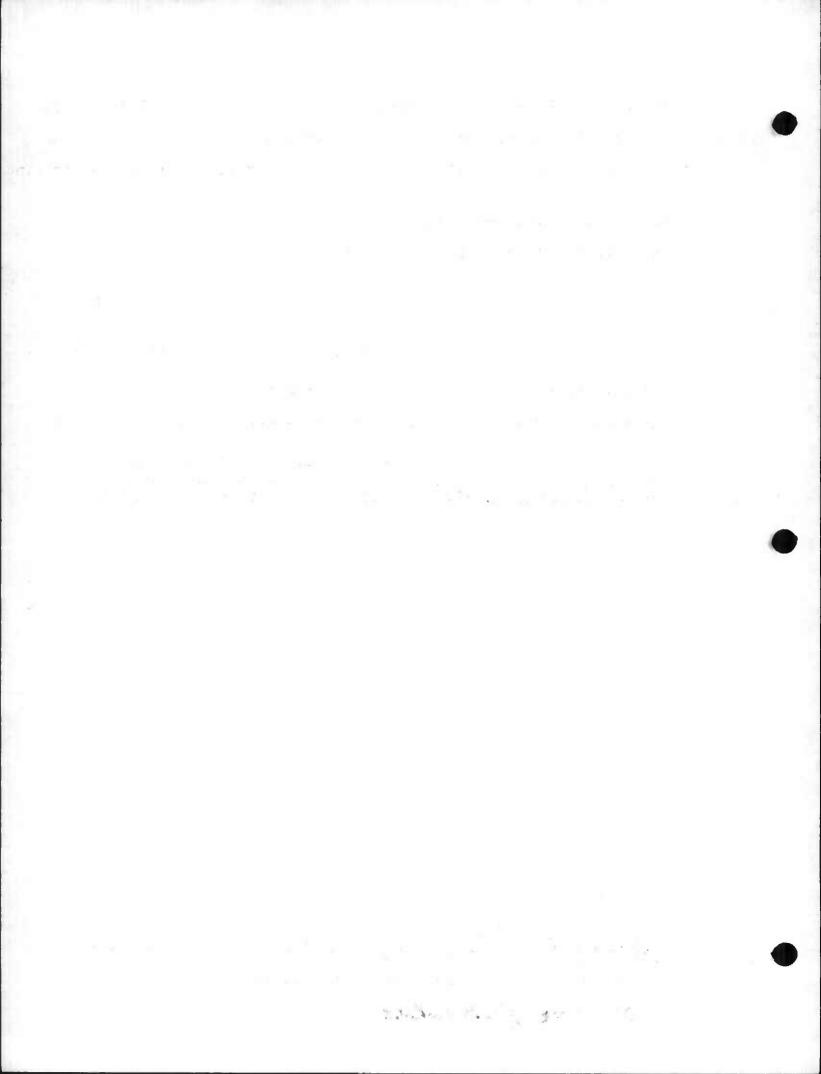
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 34249

						Cer	tificate of	Death		F	Reg. No.		
	Physici /Medio		1. Decedent's Neme (First, Middle, L CHARLES E	ast) DWARD	MO	RGAN				Dete of Dee Month Ct.		Yeer	Time of Deeth : 00am
	Examir	ner	4e. Fecility Neme (If not institution, g 10801 Cherry B		•			4b. City, To	own, or Location	on of Deeth		of Deeth ce Geo	raes
	Funeral Director		5. Sociel Security Number 6. 159-34-5809		Age (In yrs. las	t birthday) Yrs.	If Under 1 Yee Months Dey	r If Under		Date of Birti (Month, De) C • 1			(State or Foreign Caroli
	Maryland 4 show	tor	Usuel Residence of Decedent 10e. Stete 10b. County MD Prince	Georges		Town or Loo	cation						nside City Limits
	or 28e)irec	10e. Street end Number			<u></u>	10f. Zip Code				10g. Citizen of V	Whet Country?	
	s 23a	rai	10801 Cherry	T		1	20783				USA		
020	n 72 hours aftar death with the Maryland "netural", or Itams 23a or 28a-f show edical Expresser. The De notified at	by Funeral Director	11. Meritel Stetus 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorcad	12. Wes Deceder Armed Forces 1 ☐ Yes 2 ☐ If Yes, Give △ Yeer or Detes	s? I No	If	Vas Decedent of Yes, specify Cu ☐ Yes 2☐ No	ban, Mexicar	n, Puerto Rica	Yes or No- in, etc.)	Bled	e - American In ck, White, etc. "Black	
2-0	72 hor		15. Decedent's (Specify only highest of	Education trede completed)		16e. Deced	ent's Usuel Occ kind of work don	upetion e durina mos	at of working		16b. Kind of Bu		
Maryland 21215-0020	within ana. than to Ma	Completed	Elementary/Secondary (0-12)	College (1-4o		life. L	oo NOT use retii torney	red)		1	Washin	gton G	as Co.
nd	be filed tal Hygis d other event,	BeC	17. Fether's Neme (First, Middle, Las					18. Mothe	er's Neme (Fil		Melden Sumen		
ryla	Mer Mer arke	L _o	Willie L. Mor			405 84-115-			nia H		- C'' - T	0	
	d 2 7 is		19e. Intoment's Name/Relationship Alece Morgan -				g Address <i>(Stre</i> 1 Cheni						20783
Baltimore,	other		20e. Method of Disposition 12 ☐ Burial 2 ☐ Cremetion 3		20b. Plac		sition (Neme of netory or other p			ete	20c. Location -		
Itim	0 = + >		4 □ Donetion 5 □ Other (Spec	cify)		Line	coln C	emete	ry 10	-26	Brentw	ood, M	D
Ba	permit. P Departme Importan any injur		21. Signeture of Funerel Servica Lic	ansee	01		arsnad 217 9tl						
			23a. Parti. Enter the diseese, or co	mplications that cause	ed the deeth.							App	roximete rvel Between
)	Physician /Medical Examiner		Immediete Ceuse (Finel diseese or condition			pira	tory F	ailur	е			Ons	et end Death
	LXammer	ē	resulting In death)	Chro	Due to (or e		uence of): uctive	Lung	Dica	250			
	cartificata be executed Iding physician and Isa as the burial-transit	Examiner	Sequentially list conditions,	b	Due to (or e	s e consequ	uence ot):		D1.5C	usc			
68760,	carificata be executed Iding physiclan and Isa as the burial-transi		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	cEmph			ulmona	ry					
	rtificate ng phy s as the	Medical	resulting in deeth) Lest		Due to (or es	s e consequ	Jence of);					I I	
Box		slan/		d									
P.O.	tha d	y Physiciar	Pert II. Other significant conditione	contributing to death	but not resultii	ng in the un	derlying cause (jiven in Pert i	l.				cause of death?
of Vital Records,	law requiras that as been signed to 2 should be dat	Completed by								24e. Wes	en eutopsy med?	evellebl	utopsy findings e prior to tion of cause
E B	Tha ata h page	Com								1 🗆 Y	es 2 No	1 □ Yes	2CMNo
Vita	Physician: The this cartificata ral director, page	Be	25. Wes case referred to medical exeminer?	Hospitel:				Whor	e of Deeth (Cl			12 -2	
of	Phys this al di	n: To	1 ☐ Yes 2 ☒ No 27. Menner of Death	28e. Dete of In	jury 28	NOutpetient Bb. Time of	3 □ DOA □ 28c. Inj	4 L NI			ienca 6 Oth		
sion	Attending Ir daath. •ctor: Aftar by tha funar	atio	1 Netural 5 Pending 2 Accident Investigati		ey reer)	Injury		Yes 2	No				
Division	i or Atteno aftar daati Director: d in by tha	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ HomIcIde determine	d 28e. Piece of II	njury - At home etc. <i>(Specify)</i>	e, tarm, stre	et, fectory, office	а		Location (S City or Tow	Street end Numb m, Stete)	er or Rural Rou	ite Number,
	To the Hospital or Attending I within 24 hours after death. To the Funers! Director: After completely filled in by the funer	edical C	29e. Certifier (Check only one) 1 Certifying F	Physician: To the bes aminer: On the basis end menner s	of examinetion	edge, deeth	occurred et the estigation, in my	time, dete en opinion, dee	nd plece, end of	due to the o	cause(s) end me date end placa,	enner es steted end due to the	cause(s)
	To the To the compla	M	29b. Signetyre and title of certifier	1 Va).			nse number			29d. Date signe	100	1000
	20)	ii I	30. Name and address of person with	completed cause of	deeth (Item 2	-		980-D	.C.		10	/24/96)
-	4		106 Irving St				n, D.C	. 20	010				
	Sta Registr		31. Dete tiled (Month, Day, Year) OCT 2 9 19		trer's Signatur		8						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 36250

					Ce	rtificate of	Death		Reg. No.	046.00	
	Physician /Medical		Decedent's Name (First, Middle, Lest	=_				2. Dete of Da Month		Yaer 3. Time of Death	
			MOSE	MURPHY				CTOBER 23,1996 9.17 AI			
A	Exami	ner	4e. Eacility Neme (If not institution, give	street end number)	·+011	2 7	4b, City, Town, or L	ocation of Deat	h 4c County	of Deeth	
		Щ	Mrince Georg	es Hosp	11016	enier	(hever	1/	Mino	e beorges	
п	Funeral		5. Sociel Security Number 6.5e 15. 579 50 6957 A	- 32	n yrs. lest birthday) 98 Yrs.	If Under 1 Yaar Months Deys		Dete of Bi (Month, De	rth ey, Yeer)	9. Birthplaca (State or Foreign Country)	
	n 72 hours after death with the Manyland neturel', or items 23a or 28a-f show sedical Examiner must be notified at	Funeral Director	Usual Residance of Decedent		70 113.			Aug.	5,1898	Italy	
			10a. State 10b. County	10	c. City, Town or Lo	ocation				10d. Inside City Limits	
			Maryland Prince G	Bowie	Bowie				1 XX as 2 □ No		
			10e. Street end Number		10f. Zip Code				10g. Citizen of Whet Country?		
			12206 Whitehall Drive			20715			United States		
5-0020			11. Marital Status 12. Wes Decedent Evar in Armed Forces?		r in U,S. 13.				No- 14. Raca - Amarican Indien,		
		by Fu	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Dates:		1 ☐ Yes 2 DNo Specify:			Bleck, White, etc. Specify: White		
0-10	2 ho	To Be Completed	15. Decedent's Edu	cation 16a. C		a. Decedent's Usuel Occupetion			16b. Kind of Business/Industry		
2121	c • a		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4o		(Give kind of work done during most of working life. DO NOT use retired)		king				
	filed within Hygiena. Ither than ent, the Me		4			Te	acher		Edu	cation	
nd	should be filed nd Mental Hygi marked other imatic event, I		17. Father's Neme (First, Middle, Last)				18. Mother's Nam	e (First, Middle	, Meiden Sumen	ne)	
yla	s should be and Mental s marked o		Luigi Gagliardi				Sabbata	Caffai	celli		
Maryland	2 8 8		19a. Informent's Name/Reletionship (Ty				t end Number or Ru				
_	1 and Haaith em 27 ther tr		George Murphy			12206 Whitehall Drive Bowi					
Jor	@ O		20a. Method of Disposition 1228 Buriai 2 ☐ Cremetion 3 ☐ R	amoval from State	20b. Plece of Dispo cemetery, crea	netory or other ple		Dete		- City or Town, State	
altimore,	rtmer rtant:		4 □ Donation 5 □ Other (Specify)			Heart Ce		.0/28/9	Bowie	Maryland	
Bal	permit. Page Department of Important: If any Injury or once.		21. Signature of Funerel Servica Licensee 22. Name and Address of Fecility Robert E. Evans Funeral Home, P.A.								
_	ODE & O		16000 Annapolis Rd. Bowie Md. 20715								
	Physician /Medical		23a. Part1. Enter the disease, or compli shock, or heert feilure. List only or	cetions thet ceused the ne ceuse on each line.	death. Do not ent	er the mode of dyi	ing, such es cerdlac	or respiretory e	errest,	Approximate Intervel Between Onset end Death	
			Immediate Cause (Finel							Onset end Death	
	Examiner		diseese or condition resulting in death)	ر	eptie	Sho (CR WI	14 mg	po leus	on few agg	
	14	ē		Due	to (or es e conse	(uence of):	-1100	20 hor	0	Leuran	
	death certificate be executed e attending physician and od for use as the bunal-transit	Examiner	Sequentially list conditions	DG	to (or es e consec	uence of):	euve a	, Cy a C		V-so ceasy	
ó			Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	V	(m	mechen?			Appen 14		
68760,	ate be hysical	lica	Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): In developing feelings Callulated 2040 14							196. 1000	
	ing ph	Physician/								to 140	
Box	eath ce attendii I for use		usmany incontinence								
0	The law requires that the ata has been signed by the paga 2 should be detach		Part II. Other significant conditions con				en in Part I.	23b. Did		ntribute to the cause of death?	
0.										Yes 2 No	3 □ Probably 4 □ Unknown
of Vital Records,		d by		J	1	0	V			Oth Man automa findings	
Ö		Certification: To Be Completed	History of	rulm unt	rollen,	, alter	ed meula	perfe	en eutopsy ormed?	24b. Were eutopsy findings available prior to completion of ceuse	
Rec			state . 1	Acule on	Claste.	00 100	Person NT	20	0.4	of deeth?	
<u>a</u>				The contract of the contract o	Car ren	ar Jun	eeust, 400	10	Yas 2 No	1 ☐ Yes 2 No	
5											
	Aftar fune		1 Tes 22 No 12 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
0			1 Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Ye	ar) Injury	M 1 ☐ Yes 2 ☐ No ne, ferm, street, factory, office 28f. Location (Street and Nu					
Division	or Attendil aftar death. Director: A i in by the fu	ili	3 ☐ Sulcida 6 ☐ Could not be determined							mber or Rural Route Number,	
Ö	tai or A	Cert	building, etc. (Specify) City or Town, Stete)								
	Hospital or Atte 24 hours after de Funeral Directe etay filled in by t	edicai	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) end menner as steted. Check only one) Check only one) Check only one)								
	within 2	Me	29b. Signeture and title of certifie	7 1		29c. Licens				d (Month, Day, Year)	
	1)	D24720 10/28/96						23796		
	30/		30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) RAV 1 ND OR K. PUS 7 NG/MD 6/3 2 Locuel OVEN Rd, Cheverly Md 20785								
1			6		ndove	v Rd	Cheverl	4 MC	1 207	85	
			31 Date filed (Month Day Year)	00-00 11 11				1			

State Registrar

OCT 3 0 1996

of the same

WHAT I

State of Maryland / Department of Health and Mental Hygiene

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20	J 69

				State of Maryla		epartment of r Certificate of			giene g	6	34251	
	Dharatat		1. Decedent's Nema (First, Middla, Last)					2. Deta of Death Month Dey Yeer 3. Time of Death				
	Physici /Medic		Shirley Geraldine MAHABIR					October 27. 1996 8:42 PM				
>	Examir		4e. Fecility Name (If not Institution, giv	e street end number)			4b. City, Town, or L	ocation of Deeth				
			Doctors Communi	ty Hospital			Lanham	n Prince Georges			orges	
	Funeral		5. Sociel Security Number 6. S		rs. lest birtho	Months Devs	If Undar 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Year)		Birthplece (State or Foreign Country)		
	Director		218-98-8996 Usuel Residance of Decedent	Z X-X.	/ Yr	8.		06-22-	-1939		NIDAD	
21215-0020	land	To Be Completed by Funeral Director	10a. State 10b. County	10c.	City, Town o	r Location				10	d. Inside City Limits	
	Many 1 sh		MARYLAND PRINCE GEORGES BRENTWOOD						1 □ Yes 2 □ No			
	1 the		10e. Street end Number			10f. Zip Code	1000		10g. Citizen of V	Whet Count	ry?	
	3a o		4407 38TH ST.			2.0	722		UNIT	UNITED STATES		
	deeth		11. Marital Status	12. Wes Decedent Ever in	n U,S.	13. Was Decedant of I	lispanic Origin? (Sp	pecify Yas or No-		e - Amarica		
	n 72 hours after deeth with the Manyland "natural", or Hems 23a or 28a-f show "Internation must be notified at		1 ☐ Never Merried XX Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☒ Ŋo if Yes, Give Yaar or Detas:		1 ☐ Yes 2XIXNo	an, Maxican, Puarto Specify:	Hican, etc.)		ek, Whita, a WEST	INDIAN	
5-0	72 ho		15. Decedent's Education 16a. Decedent's Usuel				ol Occupetion 1 It done during most of working			6b. Kind of Business/Industry		
21	d within 72 ho liena. r than "natur the Medical		Elementery/Secondery (0-12) College (1-4or 5+)			(w)g	DDI	PRIVATE				
			12TH			UNEMPLO						
nd	uld be fill Mental H irked oth		17. Father's Neme (First, Middle, Last				18. Mother's Nam			ia)		
2	should by and Menta		STEVEN SOOK									
, Maryland	nd 2 stiff er lith er trau		19e. Informant's Name/Reletionship (SAUNDRA MUNG	AL/DAUGHTE	7	lailing Address (Street 07 38TH	ST. BRE	NTWOOD	MARY	L'A'N'D'	20722	
Baltimore,	Pages 1 and nent of Hear int: If Item		20a. Mathod of Disposition 1 ☑ Auriel 2 □ Cramation 3 □ 4 □ Donation □ □ Other (Specif	Removel from State	cemetery,	isposition (Neme of cremetory or other ple ENWOOD CI			20c. Location - 96 WA		orn, Stata GTON, D.	
Balti	permit. Page: Department of Important: If i eny Injury or once.		21. Signeture of Funerel Sarvice I	1 100	1	22. Neme end Addre	ass of Fecility	HOME				
			23a Bant 1. Entar tha disaase, or com shock, or heert feilure. List only	hunde	4	3200 R	I. AVE.	, MT.	RAINIE	R, M		
		0	shock, or heert feilure. List only	one cluse on each line.	eath Go not	anter the mode of dyl	ng, such as cardiac	or respiretory en	rest,		Approximeta Interval Between Onsat end Death	
	Physician /Medical	ler	Immediate Cause (Final	\1		1 1 1	0.			1	1	
	Examiner		disease or condition resulting in death) e. Vou Tro CU Kor V Trun, Cub									
	200					nsequence of):	Δ).			1	11.	
	cate be executed physician and s the buriel-transit	Examiner	Conventially list conditions	b. OYOV		The Texus	anda	ull'			yeam.	
ó	an an		Cause (Disease or injury that initiated events resulting in deeth) Lest Cause (Disease or injury that initiated events resulting in deeth) Lest						110- 01			
58760,	cate be execut physician and the buriel-trar	cal							geon			
Box 68	death certifice e attending pt od for use as t	Physician/Med							yearn.			
0.	s dea	sici	Part II. Other significant conditions of	ontributing to death but not	resulting in th	na undartying cause gi	ven in Part I.	23b. Did to	obacco use co	ntribute to	the cause of death?	
<u>Р</u>	thet the de led by the a detached f	Phy					101	1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknow				
Ś	Se De	Be Completed by							·			
Record	v requires that been signed b should be delt							24a. Wes e		eve	re autopsy findings ileble prior to apletion of cause	
Sec	> 10										leeth?	
	cate ha							1 □ Y	es 2 No	1 🗆	Yes 2□ No	
Viita	Physicien: The lav this certificate has ral director, page 2		25. Was case referred to medical examiner?	Hospital:		04		th (Check only one)				
of	5 00	2	1 ☐ Yes 2 No 27. Menner of Death	1 □ Inpatiant 2	ER/Outpo		4 Nuising H	oma 5 Resid)	
L C	h. After funer	lon	1 Natural 5 □ Pending	28a. Dete of Injury (Month, Dey Year	28b. Tim	ry Wo	rk?	28d. Describe h	low injury occur	red		
Division of	or Attending after deeth. Director: After	ical	2 Accident investigation 3 Suicide 6 Could not b				28f. Location (Street end Number or Rural Route Number,					
<u>></u>	after Direction of in b	Certification:	4 ☐ Homicide determined	building, etc. (Spe	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)			City or Town, State)				
	To the Hospital or Attending Ph within 24 hours aftar deeth. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only onle) (Check only onle) (Check only onle) (Check only onle) (Check only onle) (Check only onle)									
	Vithin Fo the	Me	29b. Signature and title of certifier	10		29c. Licens	se number	2	29d. Data signe	d (Month, D	Pay, Year)	
) IL	1.1X	tu	n	33493		10	129	96.	
	(5/		39. Name end eddress of person who	completed cause of deeth (tem 23e) (Ty	pe, Print)	0 1		2	1	[V	
	(9)		(PRADEED SRIVAS	HAND, MD. 7.	227-	B Hanova	Karleway	· (hier	a but	MI).	20770	
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrer's Si	gneture	4		, your				
	Registr	ar	OCT 3 0 199	16 July athere	lear-Ran	Kall						

1 ☐ Yes 2 No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Administrative

Specify:

18. Mother's Name (First, Middle, Meiden Surneme)

Beryl Greene

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

16b. Kind of Business/Industry

U.S. Government

Black

20747

2 deys

3 Probably 4 Unknown

24b. Were autopsy findings evailable prior to

completion of cause of death?

1 ☐ Yes 2 ☐ No

Approximate Interval Between Onset end Deeth

the Maryland 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner insult be notified at Baltimore, Maryland 21215-0020 oe filed within 7 sel Hygiena. 12 should be fill h end Mentel H is marked ott permit. Pages 1 and 2 sh Department of Haalth end Important; If New 27 is n any injury or other traun

2/2

Director

Funera

þ

Completed

10a. State

1 Never Married 2 ☐ Married

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

3 Widowed 4 Divorced

Elementery/Secondary (0-12)

17. Fether's Name (First, Middle, Last)

Rosslyn V. Mordecai

19a. Informant's Name/Relationship (Type, Print)

Physician

/Medical

Examiner

Funeral

Director

4

Physician /Medical **Examiner**

be executed

P.O. Box 68760

Records,

Division of Vital

physician and the buriel-transit attending for use es signed by the been sig certificete has t lirector, page 2 s Hospital or Attending Physician: 24 hours aftar death. Funeral Director: After this certifice stely filled in by the funeral director, I To the Hospital
ithin 24 hours e
to the Funeral C

Beryl I. Brown (Daughter) 1705 Meadow Wood Ct., Edgewood, Maryland 21040 ca of Disposition (Neme of Date 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MARYLAND NAT CEMETERY 10/31/96 LAUREL , MARYLAND Funeral Service Licer 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro Pike, Forestville, Md. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or leart failure. List only one cause on each line. Immediate Cause (Finel Preumonic disease or condition resulting in deeth) Due to (or as e consequenca of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Physician/Medical Due to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 6/1 Leuritory þ stota writeray Be Completed 24a. Was en eutopsy performed? Conjective 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ENOutpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 BNatural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 D Homicide 1 critifying Phyaicfan: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and manner as stated.

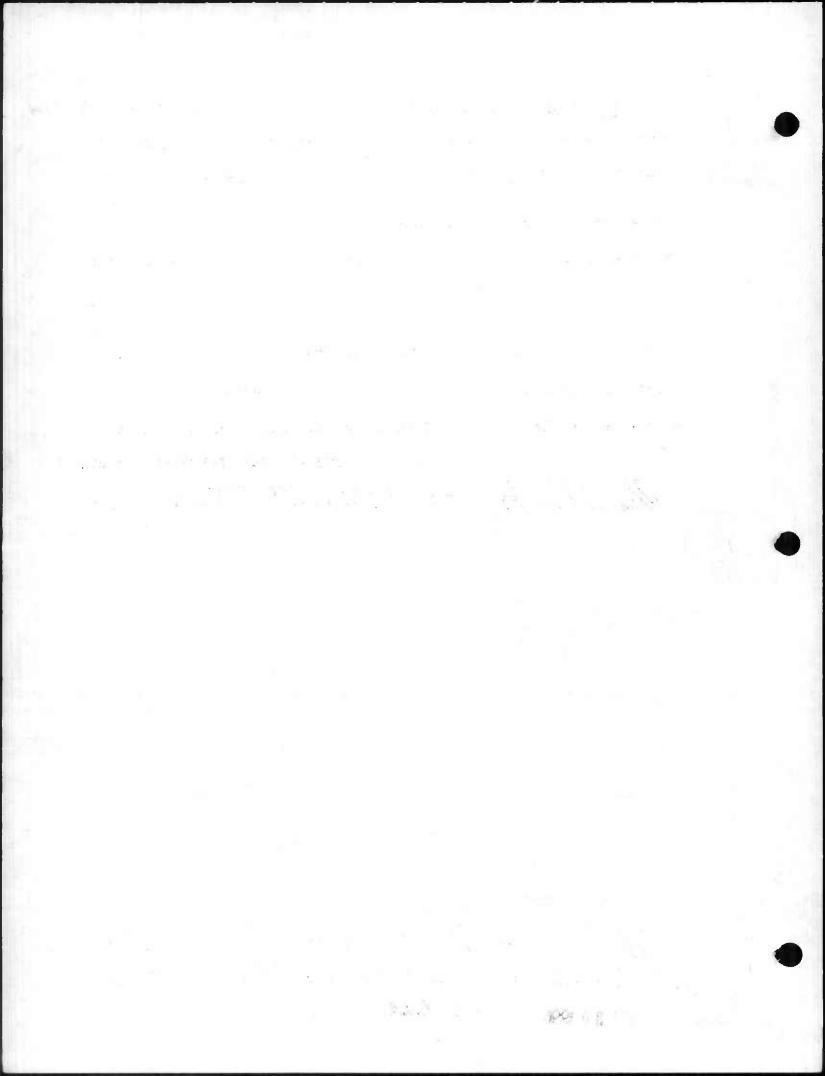
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) and menner stated. edical 29a. Certifier 29b. Signature end title of certifler A- tending 29c. License number 29d. Date signed (Month, Dey, Year) 025079 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) [no 7404 Executive 11. Neobrook, mo 1-1. top forome to

State Registrar

31. Date filed (Month, Day, Year)

32 Registrar's Signeture OCT 3 0 1996

DHMH 16 Rev 6/95



	Amended	#18	PG,GC	11/	5/96
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Physician /Medical Examiner

Funeral Director

7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be.

Be Completed by Funeral Director

^oL

the Maryland r 25a-f show

E E

Please	Type or Print	in Black	k Indelible Ink.	. Assure Al	I Copies A	re Legible.	
	State of Ma	ryland / D	epartment of F	lealth and M	lental Hygi	ene QG	34253
#18 PG,GC 11/5/96		-	Certificate of			g. No.	04200
1. Decedant's Nama (First, Middla, La	C. McC	Fris-	5		2. Deta of Deeth Month	Day Yaar 26 96	3. Time of Death 750 Am
4a. Facility Nama (If not institution, giv	e street end number)	Centos		4b. City, Town, or Lo	cation of Death	4c. County of Dea	George's
5. Social Security Number 6. S 5. Social Security Number 6. S 78-80-1521 1 Usual Rasidance of Decedent	ex 7. Aga	(In yrs. last birti	hday) If Undar 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey,	Yearl 9. Bi	rthplaca (Stata or Foreign Country) Jash., D.C.
10a. Stata 10b. County	I/A	10c. City, Town Wash	or Location ington				10d. Inside City Limits 1 X Yas 2 □ No
10e. Street and Number	ay St.,N.	ਸ	10f. Zip Code	019	10	g. Citizen of Whet C	Country?
11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ev Armad Forcas? 1 Yas 2/ No If Yas, Giva Yaar or Dates:	ar in U,S.	13. Was Decedent of H		ecify Yas or No- Rican, atc.)	14. Rece - Am Bleck, Whi	
15. Decedant's Ec (Specify only highast gra	da complated)		Decedent's Usual Occup (Giva kind of work dona lifa, DO NOT usa ratired	during most of worki	ing 10	6b. Kind of Businass	s/Industry
Elemantary/Secondary (0-12) 9th	Collage (1-4or 5+))	ffice Mana	*		Constr	uction Co.
17. Fethar's Nama (First, Middle, Last)				18. Mothar's Nama	(First, Middla, Mi	aiden Sumama)	
James Hilli	an			Mary	Hillia	n Black	well
19e. Informant's Neme/Ralationship (Type, Print)	19b.	Mailing Address (Street	end Number or Rura	al Routa Number,		
Matthew McGrif	f/Husband		Same as #	10 abov	е		

20b. Pleca of Disposition (Nama of cametary, cramatory or other plece)
Harmony Mem. Park 10/31/96

22. Name end Address of Fecility
H.S. Washington & Sons, Inc.
4925 Burroughs Ave., N.E.

permit. Pages 1 and 2 should be filled within 72 hours after death with Department of health and Mental Hygiene. Important: If flem 27 is marked other then any injury or other traused. **Physician** /Medical

Immediata Cause (Final disaasa or condition resulting in death) **Examiner** Examiner signed by the attending physicien end d be detached for use as the burief-transit The lew requires that the death certificete be executed

Completed by Physician/Medical page 2 should completely filled in by the funeral director, Be Certification: To

Division of Vital Records, P.O. Box 68760.

Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last

20a. Mathod of Disposition

4 ☐ Donation 5 ☐ Other (Specify)

21. Signeture of Funaral Service Licansee

1 Burial 2 Crametion 3 Ramoval from Stata

23a. Part1. Enfar the disasts, or complications thet caused the death. Do not antar the mode of dying, such es cardiac or respiretory errast, shock, or haart failura. List only ona causa on aach lina.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 No

20c. Location - City or Town, State

Landover, Md.

24a. Was an autopsy performed?

24b. Ware autopsy findings eveilabla prior to complation of cause of death?

3 Probably 4 ☐ Unknown

Approximete Intarval Betw Onsat and Death

26. Placa of Death (Check only ona)

1 ☐ Yas 2 ☐ No

	axaminar? 1 ☐ Yas	2 No		
27	Mannar of	Dooth		

28e. Data of Injury (Month, Day Year) 5 Pending invastigation

Hospital:

1 Inpatiant 2 ER/Outpatient 3 DOA 28b. Tima of

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifier (Check only one)

Natural 2 Accidant

3 Sulcida

4 Homicida

Certifying Physician: To tha best of my knowledga, death occurred at tha time, date end place, end due to tha causa(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the tima, date and place, end due to the cause(s) and manner stated.

29b. Signature end titla of certifie

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name end addrass of person who complated cause of death (Item 23a) (Type, Print)

S85 MAIN STREET, LAUREL, Wor

31. Data filed (Month, Day, Year) 31

6 Could not be determined

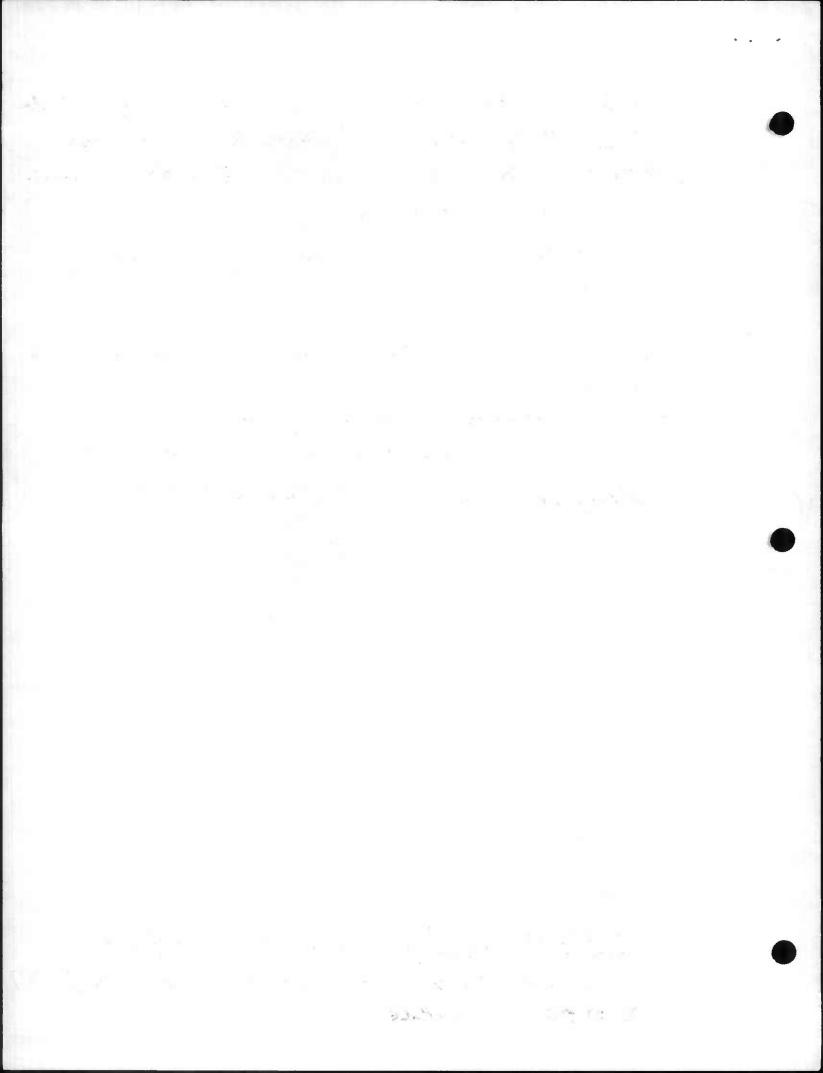
32. Registrer's Signatura Wed Davideer Ranks

State Registrar

Medical

To the Hospital or Attending Physician: The lew within 24 hours effer death.

To the Funeral Director; Affer this certificate has I

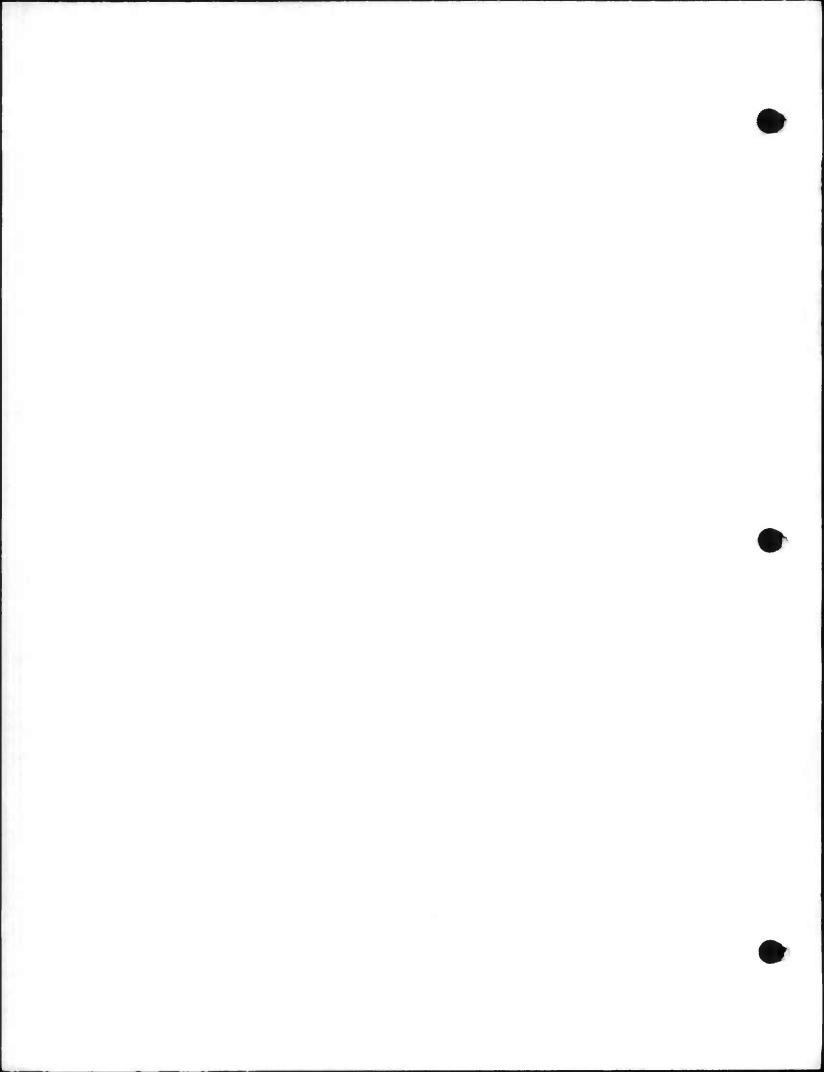


BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	beath. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	xaminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	1	Helen J	eanette	Nalley			ctober 3	i 19	96	10:15 Pm			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		HRS. 7.	DATE OF BIRTH	, 1		HPLACE (State or Foreign			
	220-58-4563	1 🗌 M 2 🔀 F	70 YRS.	MONTHS DA	A HOURS I		(Month, Day, Year) PRIL 20,	1026	Count	ry)			
	Se. FACILITY NAME (If not institution, give s	treet end number)	70	9b, CITY, TO	VN OR LOCATION				NTY OF C	MARYLAND			
Œ	REEDERS MEMORIAI			350 507 1, 707				- St. COO					
띭	RESIDENCE OF DECEDENT	1 HOME			BOON	SBOR	.0	<u> </u>	WAS	SHINGTON			
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY			
8	MARYLAND V	VASHINGTON			BOONSB	ORO				LIMITS?			
	10e. STREET AND NUMBER				10f. ZIP CODE	0110		10g. CITI	ZEN OF	WHAT COUNTRY?			
FUNERAL	15 SCHOOLHOUSE C	COURT			21	713				J.S.A.			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS			ORIGIN? (Specify Yes	or No-	_	E - American Indian,			
E.	1 Never Married 2 Merried	FORCES? 1 YE		If you	, specify Cuban, A	dexican, P	verto Rican, stc.)		Blac	k, White, atc.			
B⊀	3 Widowed 4 Divorced	ir Yea, Give man on	DATES	1 ''	YES 2 X NO	Specify:			Spec	WHITE			
8	15. DECEDENT'S EDU	CATION	16a. OECEDENT'S	USUAL OCCUP	WILLE								
ш	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	life. Do NOT us	work done during ne retired.)	most of working								
립	9			HOMEM	AKER		OV	N HO	ME.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					'S NAME	(First, Middle, Maiden		1 113				
BE 0	FRANK HULL				N/	ANNTI	E STULL						
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str			e Number, City or Town	n, State, Zip	Code)				
2	EDWARD C. NALLE	Y	15 SC	HOOLHO	USE COU	RT. I	BOONSBORO). MA	RVT.A	ND 21713			
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF OISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												
	1 M Burfel 2 Cremation 3 Removal from State Camelery, crematory or other place) MTN • VIEW CEMETERY 11/4/96 SHARPSBURG, MARYLAND												
	21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	· In om /	Paul	M. Dean	BAST	FUNERA	T. HO	MF: 7606	Old	Nati	ional Pike			
	22 PART February	Contract of the contract of th		- 1			Boons	sboro	, MI	21713			
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that caus List only one cause on	ed the death. Do reech line.	not enter the	mode of dying.	, such a	s cardlac or respi	ratory arr	rest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel	0 .		_						Onset and Death			
	disease or condition resulting in death)	. RESPIR	AIORY 1	ALLUK	E					TWO HRS			
		DUE TO (OR AS	A CONSEQUENCE OF	F):		-							
Z	Sequentially list conditions,	o. CEREIN	OVASCUL	M. A	CCIDEN	//				THEE YRS			
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Hylt	16/18/21	611						10 YRS			
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						,			
斯		d											
	PART II. Other significant condition	a contributing to death	but not resulting	n the under	ying ceuse give	n in Par	t I. 24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS			
EDICAL	- INSUL	N DEPEN	27 1	_	MEILI	_	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE			
	Pals	MYOSITI	10	11/13		03	1 YES 2	THO		OF DEATH?			
Σ	DID TOBACCO USE CONTI			C D NO	- IINCER	TAIN! I				1 TYE\$ 2 NO			
AN	25. WAS CASE REFERRED/TO MEDICAL	NIDOTE TO CAUSE	26. PLACE OF DEAT			I PILAL							
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		отния:					_				
₹	27. MANNSA OF DEATH	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY			fome 5 - Reside	_							
	1 Natural 5 Pending	(Month, Day, Year)		URY	WORK?		d. DESCRIBE HOW II	NJURY OCC	CURED				
B	2 Accident Investigation	20. DI ACE OF MAIN	W 415		YES 2 N								
유	3 Suicide 8 Could not be	28e. PLACE OF INJUI building, atc. (Sp	ecify)	dreet, factory, o	ffice	28	 LOCATION (Street e City or Town, Stete) 	nd Number	or Rural F	Route Number,			
COMPLETED													
릴		CIAN: To the best of my kno											
ō I	one) 2 MEOICAL EXAMINE	R: On the basie of examinat	on end/or investigation	n, in my opinio	n, death occured a	at the time	, date end place, en	d due to th	e cause(s) end manner as stated.			
шШ	296. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSI	E NUMBER	9	29d. DATE	E SIGNED	(Month, Day, Year)			
@	12mg	MD			144	996	,			v 31,1996			
2	30. NAME AND ACCRESS OF PERSON WHO	O COMPLETEO CAUSE OF C	EATH (ITEM 27) (Type,	Print)					, _ 0,				
	Dr. Zafar Malik 2	0311 Lappans	Road. B	oonsbo	ro, Mary	/lanc	1 21713 3	01-4	32-8	470			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		,								
- 4	NOV 0 A 19	196 Jalia de	idear Rende	L.									
]]]													



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Dev Voor Ralph E. Nash Oct. 25,1996 10:50 P.M. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cheverly Gladys Spellman ECF Prince George's 5. Social Security Number if Under 1 Year | If Under 24 Hrs. 6. Sax 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1X□M 2□F Deys 78 Yrs. Boston, Mass. Director 218-24-6409 Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Locetion Traint be notified at 10d. Inside City Limits Md. P.G. N. Brentwood Director Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3917 Allison St. 20722 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. The Medical Exercitors 1 Never Married 2 Married ò 1 Yes 2 1 No Specify: Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced "natural", 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) al Hyglane. Elementery/Secondery (0-12) College (1-4or 5+) 7th Construction Brickmason 17. Father's Neme (First, Middle | Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be nd Mantal h Unknown Unknown traumatic 2 and N 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) permit. Pegas 1 and 2 s Department of Health ar Important: If itam 27 is any injury or other trau once. Myrtle Maynard/Friend Same as # 10 above 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ₺ Burial 2 ☐ Cremation 3 ☐ Removal from State Harmony Mem. Park 10/31/96 Landover, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility H.S.Washington & Sons,inc. 4925 Burroughs Ave.,N.E. any 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Duecse Vocan physician Physician/Medical Due to (or es e consequenca of): signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 1 Yes 217 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: Aftar 5 Pending investigation 1 ☐ Yes 2 ☐ No by the f 2 Accident within 24 hours after death To the Funeral Director: complataly filled in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end grenner steted. edicai 29e. Certifier 29b. Signeture end title of certifier. 29c. License number 29d. Date signed (Month, Dey, Year) Attending 3 D 25079 phyonun 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) VEABLOOK, NO 20704 DON YABLONOWIE 7404 EXECUTIVE

State Registrar 31. Dete filed (Month, Day, Year) OCT 31

32. Apgistrar's Signeture

the Maryland

with

Pegas 1 and 2 should be filed within 72 hours eftar death nent of Health and Mantal Hyglane.

21215-0020

Baltimore, Maryland

The lew requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records.

or Attending Physician:

the Hospital

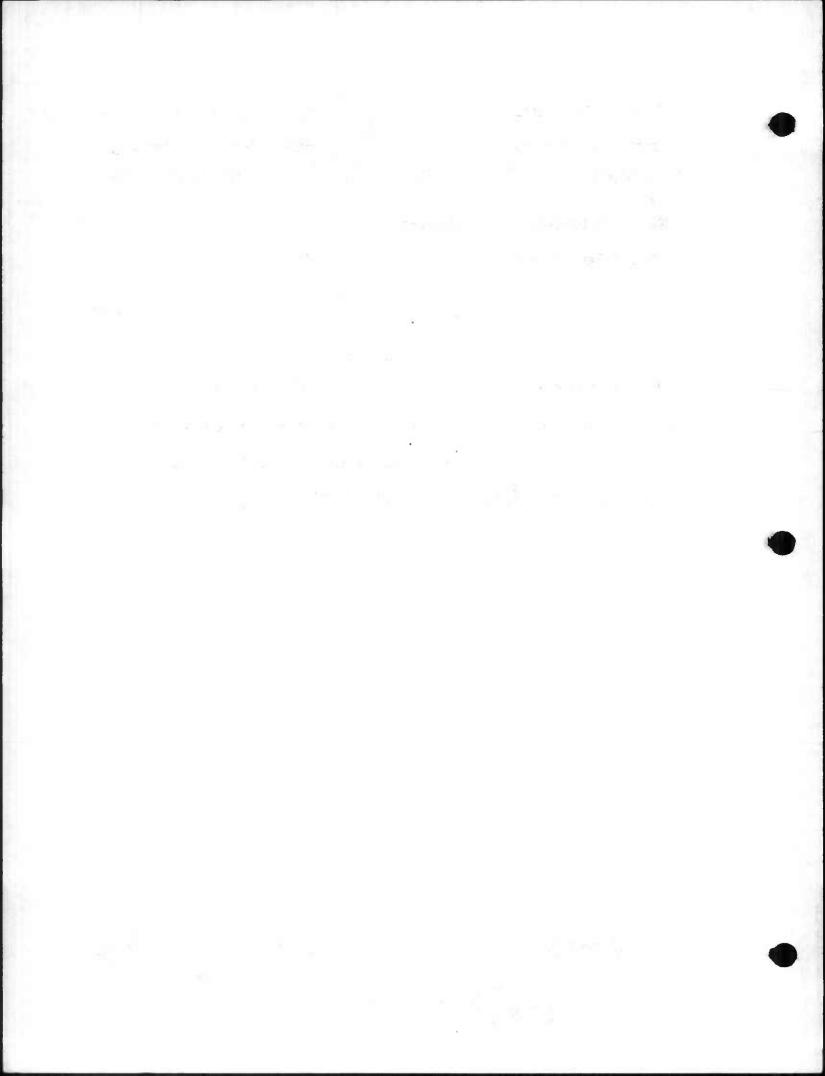
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

34256

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	Exami	ner										40. City, 1	own, or L	ocation of Di	Batti	46. County	of Death	
			Washing	ton Cou	inty	Hospi	tal					Hage	ersto ar 24 Hrs.	wn		Wash	ingto	n
	Funerai		5. Social Security	Number	6. Sax		7. Aga	(In yrs. last I	birthday)	If Und Months	ar 1 Yaar Days	If Unda Hours		8. Data of (Month,	Birth Day Y	aar)	9. Birthp	lace (Stata or Foreign
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	year M		10a. Stata	10b. County	У			10c. City, To	wn or Lo	cation							10	0d. Insida City Limits
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	2 should be filed within 72 hours efter death with the Maryland and Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show aumatic event, to Medical Examiner must be notified at	Funeral	11. Marital Status		1	2. Was Dec Armed F	cedant Ev	var in U,S.	13.	Vas Dec	edant of I	dispanic C	rigin? (Sp	ecify Yas or Rican, atc.)	No-		e - Amaric	
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21215-0020	natural, or	þ	3 Widowed	4 Divorced	d	Yas, G Yaar or I	irva Datas:		'	I ⊔ Yas	2X No	Specif	y:			Specif	y: Whi	to
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			shock, or ha	art failura. List	t only one	cause on	each line	He General GA	TIOL BUIL	at that inc	da or dyn	ng, such a	is cardiac	or raspirator	y arrast			Approximata Intarval Batween
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ā	or Attend efter deeth Director: /	e T	4 LI Homiside	122201111		build	ling, etc. ((Specify)						City or	Town, S	tate)		
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by		29a. Cartifiar	177 00016-1-	on Dhunt	alam. Ta shi	- ha-t-4	and the sections										
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State of Maryland / Department of Health and Mental Hygiene

34257 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Tima of Death Day **Physician** Month KENNETH D. OBER 0610 NOVEMBER-7 1996 /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner PHNS HOPKINS BALTIMORE HOSPITAL BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) March 14, 1933 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1XM 2□ F Days 169-24-5793 Yrs. Director 63 Pennsylvania Usual Residence of Dacedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Llmits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at PA Director 1 ☐ Yes 2 No Lancaster Elizabethtown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 Meadowbrook Lane 17022 U.S.A. 12. Was Decedent Evar in U.S. Amed Forcas? 1 M Yes 2 □ No If Yes, Giva Year or Dates: Vietnam Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status Peges 1 end 2 should be filed within 72 hours after 1 ☐ Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired)
Professor 16b. Kind of Business/Industry I Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) College Physical Education other traumatic event, Baltimore, Maryland 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Surname) Be if Health end Mental Allen P. Ober Lottie Greiner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Mary Ann Ober Meadowbrook Lane, Elizabethtown, PA 17022 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☑ Removal from State 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State Depertment of H Important: If Itel any injury or of once. Elizabethtown Mennonite Cemetery 10, Nov. Elizabethtown, PA 1996 4 ☐ Donation_ 5 ☐ Other (Specify) 21. Signature of Funeral Service Ucens 22. Name and Address of Facility J.J. Hartenstein Mortuary, 24 Second St., New Freedom, 17349 a disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, it failure. List only one cause on each lina. 23a. Part Approximata Intarval Between Onset and Death **Physician** /Medical immediate Cause (Finai SEPTIC SHOCK 24 HOURS disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death cartificate be executed Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last use es the buriel-tran Due to (or as a consaquanca of): Division of Vital Records, P.O. Box 68760, ettending physician for use as the burie Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown GASTROINTESTINAL BLEEDING, LACTIC ACIDOSIS, RENAI þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? FAILURE, VANCOMYCIN RESISTANT ENTEROCOCCUX 2 12 No 1 Yes 1 Yes 2 No ENDOCARDITIS ACUTE MYELOCYTIC LEUKEMIA or Attending Physician: Be 25. Was case referred to medical examiner?
1 ☐ Yes 2 No 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 70 this 27. Manner of Death 28c. Injury at Work? s after death. i Director: After th Certification: 28b. Time of 28d. Describe how injury occurred 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 ☐ Could not be datermined 3 ☐ Suicide 28e. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours at To the Funeral D The Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) way MD PES 000 NOVEMBER 7, 1996 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) HOPKINS WOSPITCH 110 TOWER, BALTIMORE, MARYLAND. 31. Data filed (Month, Day, Year) 32. Registrants Signatura State Registrar

1/86 Lat. Chee 2 or 14 heart 1975 Sterrilly AND THE RESERVE

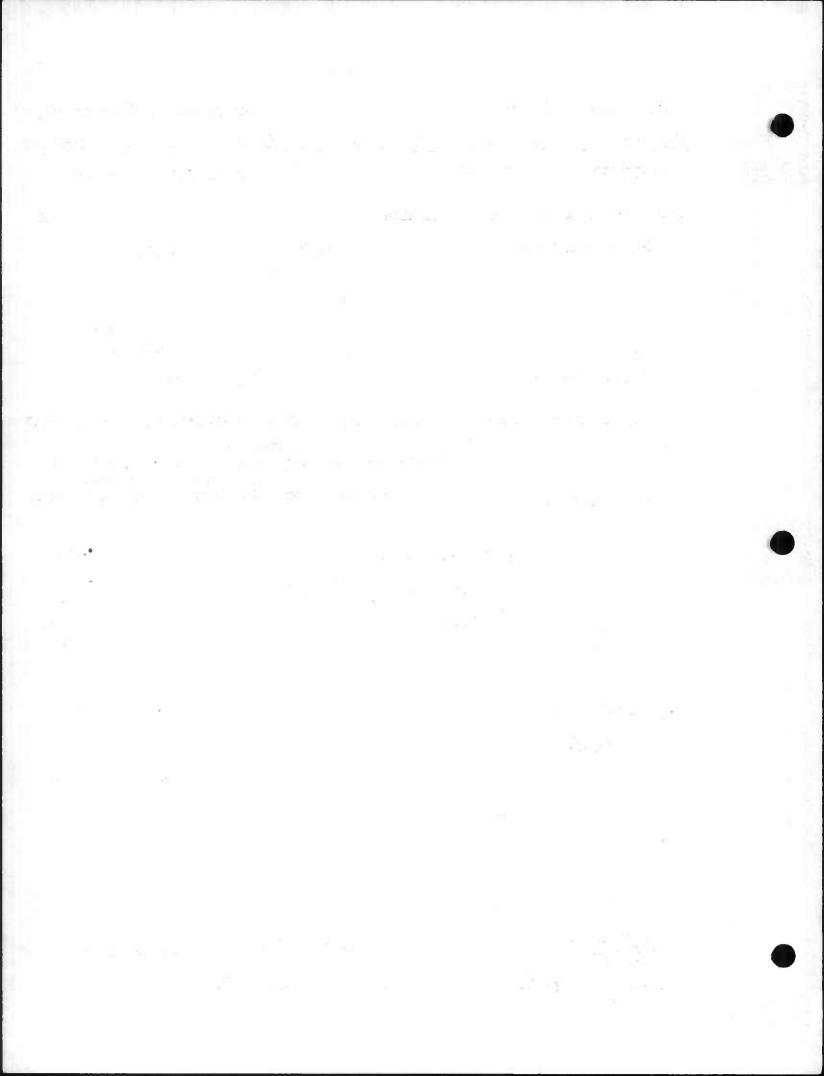
State of Maryland / Department of Health and Mental Hygiene 96 31,258

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Maryland 21215-0020	within she. then	Completed	15. Decedent's (Specify only highest g Elementery/Secondery (0-12) 12	Education rade completed) College (1-4or 5-	+)	(Give I	lent's Usuel (kind of work DO NOT use th Car	done retire	during mos d)		1	6b. Kind of Bu	usiness/Indu		
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Baltimore,	40 - 0		20e. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spec		cemet	ery, cram	sition (Name netory or oth g Cren	er pla	,	Nov.		oc. Location - Smithst		m. State Maryland	
Balt	permit. Peges Depentment of Important: If I any injury or once.		21. Signature of Funeral Service Lice	sunker						ry Fune			a. MD	21742	
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ta		Be	25. Wes case referred to medical examiner?						26. Pleca	of Deeth (Che	ock only one)			
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	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one) Certifying P 2 Medical Exa	hysician: To the best of miner: On the basis of end manner stat	examinetion e	e, deeth nd/or inv	occurred et estigetion, in	the tir	me, dete en pinion, deel	d plece, and de th occurred et	ue to the cau the time, dat	use(s) and me te end plece, e	nner as ste	ted. he cause(s)	
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			30. Name and eddress of person who	completed cause of de	eth (10) 23a)	al (tem	ρι	05	Had	iers	towr	N	10	
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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

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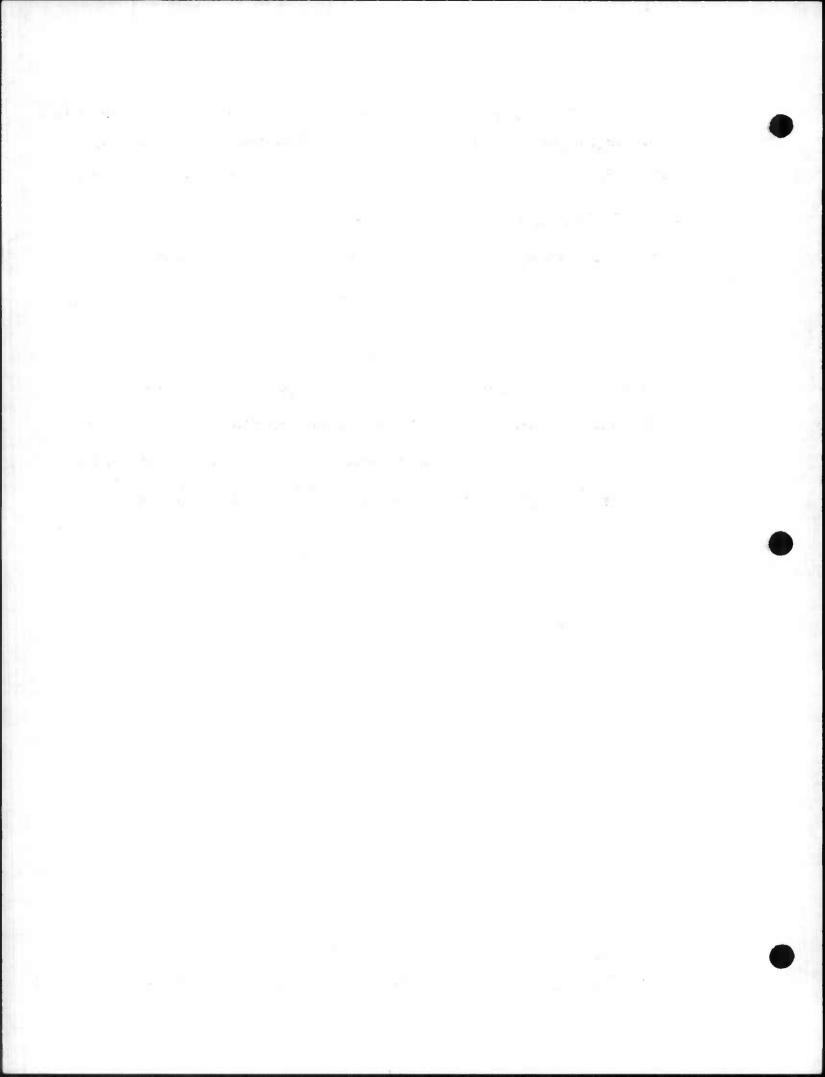
				•	Certi	ficate of	Death	F	Reg. No.	0 0	1 (0)
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	Physic /Medi		Eleanor 1	roctor				Nown	pr Z,	1996 (2:10 pm
Ž	Exami		4a. Facility Nama (If not institution, giva	streat and number)	. 1	. /	4b. City, Town, or I	Location of Death	4c. County	of Death	
			200 thern M	muland	Hess DI	HAI	//w/a	V	Bun	ce y	angel
	Funeral Director		5. Social Security Number 6. Sax 220-32-6706	7. Aga (In yrs.		If Undar 1 Year Months Days		(Month, Day	3,1934	9. Birthplaca (Country) Marylan	Stata or Foreign
	p .		Usual Rasidance of Decedant 10a. Stata 10b. County	100.0	ity, Town or Local	M				_	
	e Maryle	ctor	Maryland Prince Ge		Clinton	tion					Sida City Limits ☐ Yas 2\(\frac{1}{2}\) No
	th with th	al Director	7512 Surratts F	<i>l</i> oad		10f. Zip Coda 20	735		U.S.A.		
21215-0020	72 hours after death with the Marylend natural, or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Dacedant Evar in L Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:		s Decedant of I as, specify Cub Yes 2 No	Hispanic Origin? (S ean, Maxican, Puart Specify:	pecify Yas or No- o Rican, atc.)		e - Amarican Ind ck, Whita, atc. v: Black	
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ary	should ind Men imerica		19a. Informant's Name/Raletionship (Ty)		19b. Mailing	Addrass (Straet	t and Numbar or Ru	ral Routa Numbe	r, City or Town,	Stata, Zip Code))
	1 end 2 : Heelth ar em 27 is ther treu		Marian M. Proctor	(Daughter)	2017	St. Ber	mardine I	Way Capi	tol Hei	ghts, M	d 20743
altimore,			20a. Mathod of Disposition 1, Q Surial 2 □ Cramation 3 □ R		Place of Dispositi cematary, creman	on (Nama of tory or othar pla	(a) November	er Date	20c. Location -	City or Town, S	itata
틒	rtme rtant		4 Donation 5 Other (Specify)		esurrect			996		n, Mary	land
Ba	permit. Page Department of Important: If any injury or once.		21. Signatura of Funaral Sarvice License	1. P.		ama and Addra	Alexandr:	Lee Fun ia Ferry			d 20735
	Physician		23a. Part1, Efter the disease, or compli shock, or heart failure. List only on	cations that caused the dear a cause on each line.	th. Do not antar	tha moda of dyl	ng, such as cardiac	or raspiratory ar	rest,	Appr Inter Onsi	roximate val Between at and Death
۲	/Medical Examiner		Immedieta Causa (Final disaese or condition rasulting in daath)	Acute As	pratim					4	44
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	cate be axecuted physician and s the buriel-transit	Examiner	Sequentially list conditions	Duago (or as a consequa	nbe of:					/3
oʻ	axec an an riel-tr		Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury	Von itin	G	NOSE NOW				6	Days.
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of Vital Records,	been should	Completed	mulnutrition					24a. Was a perfor	an autopsy med?	available	topsy findings prior to ion of causa
Re	The lev ate has paga 2	om						1□ Y	as 2 No	1 ☐ Yas	
ta		Be C	25. Was casa rafarred to medical				26 Place of Dec	nth (Check only or	==:	10100	200110
5	ysician: s certific director,	0	axaminar? 1 ☐ Yas 2 🕱 No	lospital: 1 1 Inpatient 2	ER/Outpatient	3□ DOA Oth	har:	oma 5 Rasid		or (Conside)	
	Phy shall see all	Ë	27. Mannar of Death	28a. Data of Injury (Month, Day Year)	28b. Tima of	28c. inju		28d. Dascribe h	-		
9	th. Afte	ig ig	1 Natural 5 □ Panding 2 □ Accidant invastigation	(Month, Day Year)	Injury		rk? Yas 2∐No				
Division	or Attending Physician: effer deeth. Director: After this certific I in by the funeral director,	Certification:	3 Suicida 6 Could not be dataminad	28a. Place of Injury - At h building, atc. (Spaci	oma, farm, straat fy)	, factory, offica		28f. Location (S City or Tow		per or Rural Rou	ta Number,
	To the Hospital or Attending F within 24 hours efter deeth. To the Funeral Director: After i completely filled in by the funer	edical C	29a. Cartifiar (Check only one) 1 Certifying Phys 2 Madical Examin	Iclan: To the best of my knoter: On the basis of axamina and mannar stated.	owledga, daath oo ation and/or Inves	curred et tha tit tigation, in my c	ma, deta and placa opinion, daath occu	, and dua to tha c rred at tha time, c	ausa(s) end ma lete and place,	nnar as steted. and dua to tha c	ausa(s)
	To the within To the comple	Me	29b. Signature and titla of certifiar	and manner states.		29c. Licans	sa number	2	29d. Data slone	d (Month, Day,	Year)
	F ₹ F 8		Marin			J2	6352 mel	-	Nor 4	1996	
			30. Neme and address of person who con	mpleted cause of death (Ital	m 23a) (Typa, Pri	nt)	^				
_			O.L. Haye 9131	lis cataway	Rd G	inton	mel	2073	7		
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's Signa	atura	7 (1					



State of Maryland / Department of Health and Mental Hygiene

34260

						Certific	ate of	Death		Reg. No.	O	04200
	Divi.		1. Decedent's Neme (First, Middle, La	st)					2. Data of D		Voor	3. Tima of Death
	Physici /Medi		Anna Louise	Price					Nov	Jey	1996	1735
	Examiı		4a. Fecility Neme (If not institution, giv					4b. City, Town, or L	ocation of Dea			
			Washington Cou					Hagersto			shing	ton
	Funeral Director		5. Social Security Number 6. S 217–20–4334 Usuel Rasidence of Decedent	ex 7. Age □ M 2□XF 92	(In yrs. last bir	Yrs. Mon	ths Deys	Hours Min.	8. Date of Bi (Month, D Dec. 2	24, 1903	9. Birthp Coun Mar	plece (Stete or Foreign http: Yland
	land ow		10e. Stete 10b. County		10c. City, Town	n or Location					1	0d. Inside City Limits
	Mary Help	ģ	Maryland Washir	gton	Hag	gerstow	m					1 X Yas 2 □ No
	r 28	Director	10e. Street end Number			10f.	Zip Coda			10g. Citizen of V	Whet Cour	ntry?
	far death with the Marylan fems 23a or 28a-f show that must be notified		522 Reynolds Aver	nue			21740			USA		
	daa	Funeral	11. Maritai Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was De	ecedent of t	Hispenic Origin? (Spen, Mexican, Puarto	pecify Yas or N		e - Amaric	
21215-0020	ours a	Completed by Fu	1 ☐ Never Married 2 ☐ Married 3 📆 Widowed 4 ☐ Divorced	1 ☐ Yes 2 [X] N If Yes, Give Yeer or Datas:	0		s 2 No		Thours, ato.y	Specify		hite
5-(I within 72 hours iena. ' then "netural', the Medical Exe	ete	15. Decedent's Ed (Specify only highast gra		16e.	Decedent's U	work done	during most of worl	king	16b. Kind of Bu	usiness/înd	dustry
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lan	of la by	To Be	Daniel Sherida						4	ishbaugh	, ay	
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re,	of Heal Item 2 other		20e. Method of Disposition		20b. Piace of		Nema of		Deta	20c. Location -	City or To	own, Stete
Baltimore,	Pagas nant of I ont: if Ite		1 ☐ Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification 5 ☐ Other (Specification 2 ☐			Hill Co			1/6/96	Hagersto	own,	Maryland
alti	permit. Pag Departmant Important: if sny injury o		21. Signature of Funeral Service Licer	ISOB .	.0	1		Minnich		Potomac		
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		-	23a. Pert1. Enter the disease, or com shock, or heert feilure. List only	plicetions that causad	tha deeth. Do r						12,20	Approximete
	Physician		orrow, or reservoiners. Else only	2	1	,	.)	1 +	0 4		1	Onset end Deeth
1	/Medical Examiner		Immediate Cause (Final disease or condition	Aute	CANGE	THIE ,	HEig	T for	houl			2 plays
		iner	resulting in deeth)	atri	Due to (or es a c	consequence	of)://	I ton				P
	eath cartificate be executed attending physician and for use as the bunal-transit	Examiner	Sequentially list conditions, if env. laeding to immediate	0	Due to (or es e	consequence	of):					
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687	ficata physics the	edicai	resulting in death) Lest		oua to (or es e c	onsequenca	of):				1	
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	that the death co	Physician/	Part II. Other significant conditions of	ontributing to death but	t not resulting in	the underivin	n cause ni	ven in Pert I	23b Did	tohacco use cor	ntribute to	the cause of death?
P.O.	t tha d by the tached	hys		or the desired to doubter ou	t not rootking ii	Tura arroarry ii	ig oddao gi	VOIT III T OIL II.		Yes 2210		bably 4 Unknown
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of Vital Record	a - 0	Completed							1 🗆	Yes 2 No	10	☐Yes 2☐No
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)t	5 00	2	1 Yes 2 No	Hospitel: 1 / Ippatier		tpatient 3	DUA			idence 8 Oth		y)
N N	Ing P	ii o	27. Menner of Deeth 1 Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Day		Ime of njury	28c. Inju		28d. Describe	how Injury occur	red	
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Division	or Attending after death. Director: After In by the fune	Certification:	4 ☐ Homloide determined	28e. Plece of Inju- building, etc.	(Specify)	m, street, led	хогу, опісв			(Street and Numb wn, Stete)	er or Hura	II Houte Number,
	Hospital 24 hours Funeral stely filled		29a. Certifier 1 Certifying Phy	ysician: To the best of	my knowladna	death coour	red at the ti	me date and nince	and due to the	cauca/s) and ma	20001 00 0	totod
	Phos 24 h Fun etely	edical		iner: On the basis of and menner stet	exemination end	d/or investige	tion, in my	opinion, deeth occur	red et the time,	dete end plece,	end due to	the ceuse(s)
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Me	29b. Signeture and the or certifier	. /		1	29c. Licans	sa number		29d. Data signed	d (Month,	Day, Year)
			1 LA Tar AMA	Les .			100	141		11-1-0	6	
			30. Name end eddress of person who	completed cause of de	eth (Item 23a) (Type, Print)	0. /	10	1	11	7	
			E.R. LANDIZA	peh 38	2 824	the C	red 6 h	of chaple	HOUN.	NO FLA	4/	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registra	's Signature	2 4 4		/			,	
	Registr	ar	NOV 0 4 19	196 Jakid	Two backs	Work.						



State of Maryland / Department of Health and Mental Hygiene

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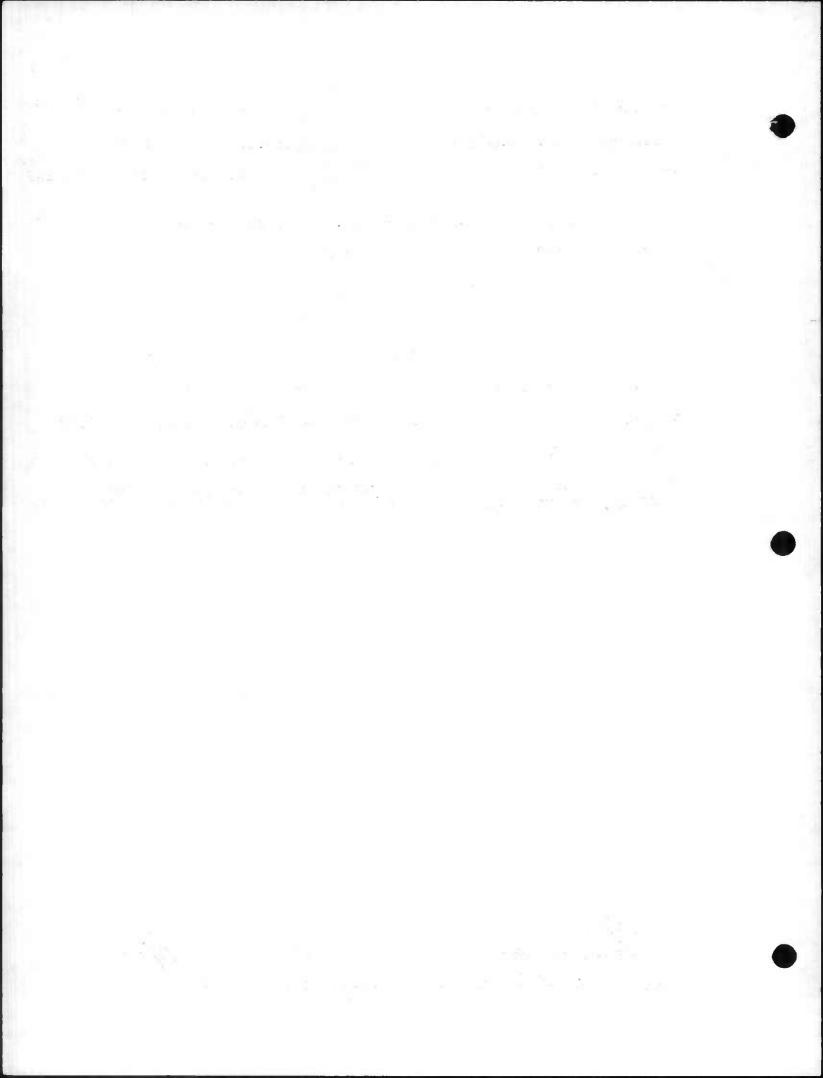
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34261

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 1130 Am Harold Eugene Pisle November /Medical 4e. Fecliity Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner | Hagerscows | Houser 24 Hrs. | 8. Dete of Birth (Months Deys Hours Min. Jun 14, Washington Co. Hospital Washington 5. Social Security Number 6. Sex. 1 ☑ M 2 ☐ F 7. Age (In yrs. last birthday) 9. Birthpiece (State or Foreign) **Funeral** 164-36-5608 55 Yrs. Director 1941 Antrim TWP. Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Tes 2 No Director Franklin 6602 Horst Rd. Chambersburg, PA 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6602 Horst Road 17201 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ☐ Vo If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any injury or other trainment. College (1-4or 5+) Farming Farming 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Garnet John Pisle Thelma G. Zeger 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Garnet Pisle 6602 Horst Road Chambersburg, PA 17201 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑Buriel 2 ☐ Cremetion 3 ☑ Removei from State Browns' Mill Nov 6, 1996 Kauffman, PA 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
Minnich-Miller-May Funeral Home 17.
521 S. Washington, St. Greencastle, 21. Signeture of Funerei Service Licensee 17225 PA myers 23a. Fert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or near feilure. List only one cause on each line. Approximate interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Fine diseese or condition resulting in deeth) **Examiner** ettending physician and I for use as the burial-trensit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Box 68760 Physician/Medicai Due to (or es a consequence of): P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the ceuse of death? 3 Probably 4 Unknown 1 Yee 2 No signed b Division of Vital Records, cate has been sig, page 2 should b 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Be Completed 24e. Wes an eutopsy parformed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director. 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 NO 1 Inpatient 2 ER/Outpatlent 3 DOA this 27. Menne of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Naturei 5 Pending To the Hospital or Attendir within 24 hours after death.

To the Funeral Director: All completely filled in by the fu death. Investigation 1 Yes 2 PNo Upan 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e/Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 C Homicide AT REME CHAMBENSBURG M FARM 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(e) and menner steted. 29e. Certifier Medical one) 29b, Signature 29c. License number 29d. Dete signed (Month, Dey, Year) who complete cause of deeth (item 23a) (Type, Print) 31. Date filed (Month, Dey, Year) Registrar's Signeture State

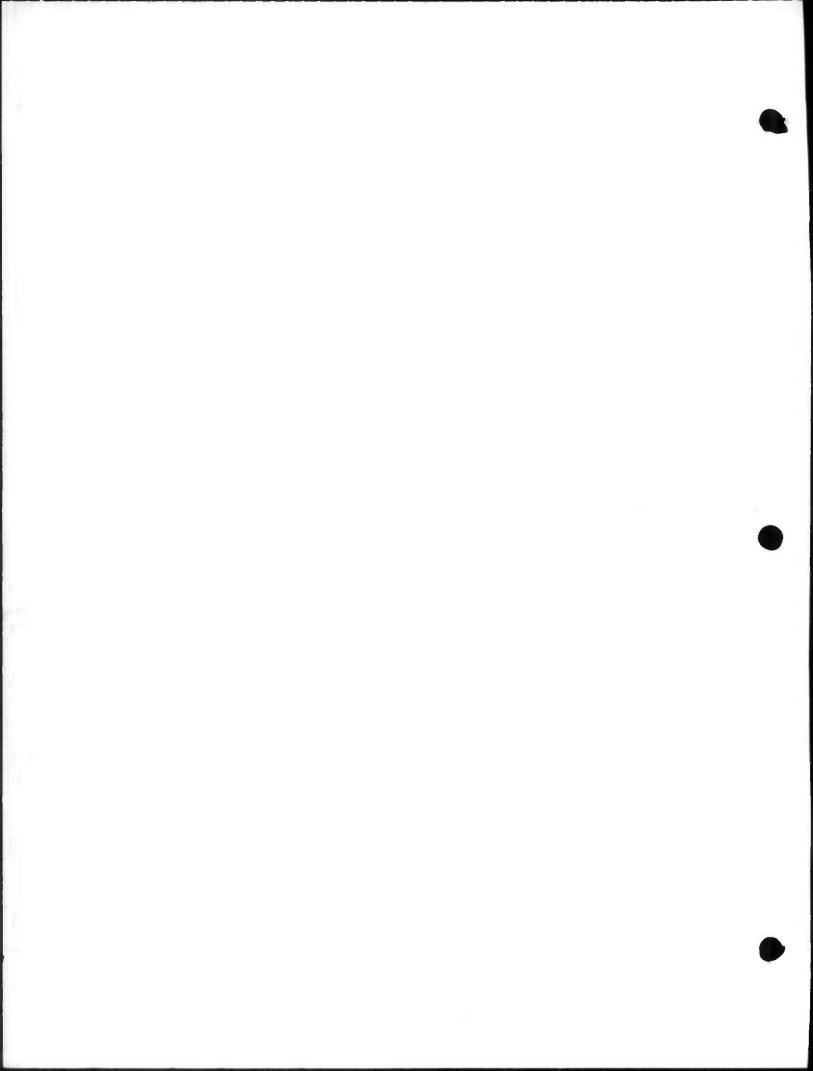
Registrar



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN					
[1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
		TIMOTHY	BURNETT	PAI	NTER		NOVEMBER	3 199				
29		4. SOCIAL SECURITY NUMBER 213-17-8590	1 ፟ M 2 □ F	in yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 9, 1	C	IRTHPLACE (State or Foreign ountry) EST VIRGINIA			
3 should	<u>س</u>	9e. FACILITY NAME (If not institution, give to			1	OR LOCATION OF DI	EATH	9c. COUNTY				
6	DIRECTOR	809 TRITAPOE DR	IVE		KN	OXVILLE		FI	REDERICK			
ges 1	3	10a. STATE 10b. COUNT	Υ	10c. Cl	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
je Se		MARYLAND	FREDERICK		KNO	XVILLE			1 TES 2 NO			
physician. burlal-transit permit. Pages 1,	FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?			
trans	NE.	809 TRITAPOE DRI	VE 12. WAS DECEDENT EVER IN	IIIS APMED	12 148 050		758 NC ORIGIN? (Specify Yes		J.S.A.			
	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 🔀 NO	If yes, sp		n, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE			
or attending r use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade			S USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	RY			
ital or		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT i	use retired.)							
the hospital of detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	2	S'.	TUDENT	40 1407145510 140			COLLEGE			
-	ECC	JAMES WILLIAM F	סקידיוא ז גע			a state was the	ME (First, Middle, Melden					
be retained by ge 5 should be ne notified at	8	19a. INFORMANT'S NAME (Type/Print)	AINILK	19b. MAILIN	G ADDRESS (Street a		Route Number, City or Tow		9}			
e 5 st	2	LINDA L. TRITAR	OE PAINTER				NOXVILLE,		*			
r, page		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ram	206		OF DISPOSITION (Na			CATION — City				
ige 6 may director, p r must		4 Donation 5 Other (Specify)	OI	D BROWN	SVILLE C			WNSVILI	E, MARYLAND			
hours after death. Page 6 may be so in by the funeral director, page or removal. medical examiner must be		21. SIGNATURE OF UNEFIAL SERVICE LA	A Paul	M. Dean	1	D ADDRESS OF FA	7606		tional Pike			
rs after in by the removal.		23. PART I. Enter the diseases, Dr	, pur		1	de of dving, suc	Boon	sboro,	MD 21713			
ted within 24 hours after completely filled in by the ial, cremation, or remova event, the medical		shock, or heart failure.	a. LI DO Say Co	nch iine.					interval Between Onset and Death & Months			
recuted ind con burial, atic e	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
t the death certificate be es by the attending physician a nd Mental Hygiene prior to Injury, or other traum	CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
the de	AL C	PART ii. Other aignificant condition	ns contributing to death b	ut not resulting	in the underlying	g cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
that the ned by the and any Ir	MEDIC						1 TES 2	7	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
equire en sign of Hea	ME								1 TES 2 NO			
law ras ber Dept.	AN	DID TOBACCO USE CONT	T			UNCERTAIL	V 🗆					
V. The	Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:							
SICIAL certif	PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TII	WE OF 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D			
or this	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		YES 2 ND						
ATTENDIN ECTOR: Afti s after dea	8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Ru	ıral Route Number,			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If Item 28 is marked, or Item 23 shows any	COMPLET		ICIAN: To the best of my knowless. On the basis of exemination						rse(s) and menner as stated.			
O THE FL O THE FL e filed wi	BE	296. SIGNATURE AND TITLE OF CERTIFIE	Ros MO			D 366	MBER	29d. DATE SIG	NED (Month, Day, Year)			
0 =	5	30. NAME AND ADDRESS OF PERSON WH				Drive 5	rederick,	, ,	702			
		31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIDN	ATTOMIC	JOHNSOH	DETAC! I	TCCCTTCV)	711 Z.I	102			
		NOV 0 6 199	6 Jalia Davido	orbodut								



State of Maryland / Department of Health and Mental Hygiene 96 34263

						Ce	ertificate	e of	Death			Reg. No.		V 7 L	00
			1. Decedent's Neme (First, Middle, L	ast)							2. Dete of D	eeth Nov . 5	, 1996	3. Time	of Deeth
	Physic		Jeannette Ann P	EACHER							Month	Dey	96	10	00
	/Medi Examii		4e. Fecility Neme (If not institution, g		umber)				4b. City, To	wn, or L	ocation of Dee	th 4c. Count	y of Deeth	, ,	-0
1	LX	101	Washington Coun	tv Hosp	ital					erst			ashin	aton	
	Funeral			Sex		n yrs. last birthde) If Under		If Under	24 Hrs.					or Foreign
и	Director		217-18-8655	1□ M 2⊠ F		75 Yrs.	Months	Deys	Hours	Min.	8. Dete of B			place (Stete	· · · · · · · · · · · · · · · ·
	_		Usuel Residence of Decedent			13		-			Nov.1),1920	Mary	land	
	dand dang		10e. Stete 10b. County		10	Oc. City, Town or I	ocation.						1	0d. Inside (City Limits
	Man	ŏ	Maryland Washing	ton		William	sport							1 🗆 Yes	s 2X No
	the 28s	9	10e. Street and Number				10f. Zip	Code				10g. Citizen of	Whet Cou	ntry?	
	with a	ā	15728 Dellinger	Pood				217	105			US		y .	
	18 22	Funeral Director	11. Meritel Stetus	12. Wes Dec	cedent Eve	rin IIS 13	Was Darade			iain? (Sn	enify Ves or N		ce - Americ	en Indien	
_	Hen	5	1 Never Merried 2 Married	Armed F	orces?	, x10,0.	If Yes, space	ify Cub	en, Mexica	n, Puerto	ecify Yes or N Rican, etc.)	Bio	ock, White,		
20	rs ar	by	3 □ Widowed 4 □ Divorced	if Yes, G	2 No Sive		1 ☐ Yes 2	No 🖳	Specify:			Speci	fy:	4.	
21215-0020	n 72 hours after deeth with the Maryland "natural", or items 23a or 28s4 show solgel Examiner must be notified at	8	15. Decedent's			16a Dao	edent's Usuel	l Occur	netion			16b. Kind of I	Wh i		1
15	S 1.3	Completed	(Specify only highest g	rede completed		(Giv	e kind of work	k done	during mos	t of work	ing	TOD. IXIII OF	00011000111	dustry	
12	within ene. than the	E	Elemantary/Secondary (0-12)	Collega	(1-4or 5+)	Mach	ine Op	era	tor			Aircr	aft M	anufac	ture
D	長者も		17. Fether's Neme (First, Middle, Las	it)		1,00.	, , , , o ,	, , ,		er's Nem	e (First, Middle	e, Melden Sume			7.
an	D to D	Be c	D D C+	Lau							Ann B				
7	should ind Men i marke	2	Roy Bentley Stra 19e. Informent's Neme/Relationship			10h Mol	ling Addrage	/Street					Ctata 7is	Codel	
Maryland				(Type, Thitt)		P,0.	Box 16	57	110 / 0110	er or nur	ar moute rum	ber, City or Town	1, State, 21.	(0000)	
	leel leel im 2		Vicki D. Smoot 20a. Method of Disposition			Mauç 20b. Piece of Disp	ansvi	lle,	MD 21	16/	Dete	20c. Location	City or T	Ctata	
ō	8 5 = -		1 Burial 2 ☐ Cremetion 3	Removel from	n State	cemetery, cri	emetory or other	her plea	,				,		
ij	artmen ortant: Injury		4 Donetion 5 □Other (Spec	ify)		Greenlaw	n Mem.	Pa	rk No	v.9,	1996	William	sport	,Mary	land
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Lio	inset /		i d	22. Name end Sborne	Addre	ss of Fecili	ty I Hon	ne				
ш	20789		1///40////	Clefin								lilliams	nort	MD 21	795
			23a. Pert1. Enter the disease, or con shock, of heart failure. List only	mpilcetions thet	caused the	deeth. Do not er	nter the mode	of dylr	ng, such as	cardiac	or respiretory	arrast,	por 1,	Approxima	ate
8	Physician		Shock, of least failule. List off	y one cease on	eeu ine.								1	Interval Ba Onaet end	Deeth
y	/Medical		Immedieta Ceuse (Finel	ME	TAST	ATIC CO		(20/11	1201	11				
П	Examiner		disease or condition rasulting in death)	e		a to (or es a conse		U	11411	00/	TH		1		
		Je.		200	ITES		equence oi).						1		
	d d ansit	Examiner	Segmentially liet conditions	b. 73C		o to (or es e conse	varionce of):								
Ć	certificeta be axecuted ding physician and se as the burial-transit	Exa	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	M A1	NUT	-max	quence or).						1		
68760,	a be rsicia	cai	that initiated events	C		1 1110	augnos of):								
68	ificet p phy	Medicai	resulting in death) Lest		000	to (or es e conse	quarice oi).								
X	6 7			d											
Bo	at atte	Physician	Death Other death, and a state of								1 001 01				4 10 10 1
o.	thet the de led by the e deteched (ys	Pert II. Other significant conditions	contributing to d	deeth but n	ot resulting in the	underlying ca	ause grv	en in Pert i	l.		I tobacco use c			
۵.	es thet the igned by the be detech										10]Yes 2⊠ No	3 Pro	bably 4	Unknow
Records,	S .0. 8	d by	_								240 11/0	s en eutopsy	24h W	ere autopsy	findinge
Ö		Completed									per	formed?	ev	eileble prior mpletion of	to
ec	S S S	Jdu												deeth?	
	Page at	Co									1 🗆	Yes 2⊠No	1.0	Yes 2] No
Vita	ysicien: The	Be	25. Wes case referred to medical exeminer?							of Deet	h (Check only	one)			
of <	5 00	မ	1 ☐ Yes 2 ☑ No	Hospitel:	Inpatient	2 ER/Outpetie	ent 3 DO/	A Oth	er: 4 🗆 Nu	ursing Ho	ma 5 🗆 Res	idence 6 🗆 Ot	har (Specil	(y)	
0			27. Mannar of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Date	of Injury nth, Dey Ye	28b. Time	of 28	Bc. Injur Wor	y et		28d. Describe	how injury occu	rred		
Division	Attending or death. ector: After by the funs	atic	2 Accidant invastigation	on			М		Yes 2□	No					
<u>\frac{7}{5}</u>	or Attendation after deat Director:	tific	3 ☐ Sulcida 6 ☐ Could not determine	20a. Plac	e of Injury	At home, farm, s	treet, fectory,	office			28f. Location	(Street end Num	ber or Rure	I Route Nur	nber,
Ö	s afte	Certification:		Dolla	ang, oc. (c	роску					Ony or 10	own, Otalay			
	Hospital 24 hours Funeral staly filled		29a. Certifier 1⊠ Certifying P	hyelclan: To the	e best of m	y knowledge, dee	th occurred e	t the tin	na, date en	d place,	end due to the	ceuse(s) end m	anner as s	teted.	
	He He	edical	(Check only 2 Medical Exa	miner: On the b	basis of exa nner steted	aminetion end/or la	nvestigation,	In my o	pinion, dae	th occur	red et the time	, dete end plece	, end due to	the ceuse(s)
	To the Hospital or Attent within 24 hours after deat! To the Funeral Director: completaly filled in by the	M	29b. Signeture end title of certifier				29c.	Licens	e number			29d. Dete sign	ed (Month,	Dey, Year)	
			David h	1)/11/	1011	γ	D	00	509.	50		11/0	5/91	1	
			30 Name and address of parent	completed ac-	VVI	/Itom 22a) (T:			5 -1			0	- 1 11		
			30. Name and address of person who Daniel Weinberg					ВЧ	Han	ore+	own,MD	21740			
	- 01-		31. Dete filed (Month, Dey, Year)		Hedistrer's	Signeture		· ·	naye	51 310	שויו פוויים	21740			
	Sta Registr	- 1	NOV 07		Vi As	water Par	-11								
		-	110 0 0 1	1000			-								

na gara-is

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Yee 2105 Leo Joseph PLANTE 1996 Yovember 4e. Fecility Neme (If not institution, give street and number) 4h. City. Town, or Location of Death 4c. County of Death Washington County Hospital Hagerstown Washington If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Aug. 4, 1919 9. Birthpleca (State or Foreign Country) Rhode Island 7. Age (In yrs. last birthday) Deys Hours 1**⊠**M 2□ F Yrs. 77 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Washington Williamsport 10f. Zip Code 10g. Citizen of Whet Country? 10916 Donelson Drive 21795 USA 12. Was Dacedent Ever in U,S. Armed Forcas? 1 € Yes 2 □ No If Yes, Give Wes Dacedent of Hispenic Orlgin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Nevar Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 1941-1945 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Accountant Manufacturing 17. Fether's Neme (First, Middla, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) Plante Malvina Beaudoin 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Williamsport, MD 21795 Genevieve R. Plante 10916 Donelson Drive 20b. Pieca of Disposition (Name of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Buriel 2 □ Cremation 3 □ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Mt.Olivet Presbyterian Cem.11/7/96 Hancock, Maryland 22. Name end Address of Fecility 425 S.Conococheague St. Osborne Funeral Home Williamsport, MD 21795 Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory arrest, shock, or heartfailure. List only one cause on each lina. Approximete Interval Between Onset end Death Dua to (or as a consequenca of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24a. Was an eutopsy performed?

Physician /Medical **Examiner**

attending physician and for use as the buriel-trensit

signed by the aid be detached for

cate hes been signated by page 2 should b

After this certificate funeral director, pag

To the Hospital or Attending Physician: Within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p.

The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

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Examiner

Physician/Medical

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Completed

Be

2

Certification:

Medical

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Menyland Depertment of Health and Mentel hygiene.
Depertment of Health and Mentel hygiene.
Important: If item 27 is marked other than "netural", or items 23s or 23s-f show any Injury or other traumatic event, the Medical Energhet must be notified at

altimore, Maryland 21215-0020

5. Social Security Number

035-12-6437

10e Stete

Maryland 10e. Street and Number

11. Maritai Status

Eugene

Usual Residence of Decedent

12

20a. Method of Disposition

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseesa or injury that initieted events resulting in deeth) Lest

immediete Cause (Final diseese or condition resulting in deeth)

Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

1 ☐ Yes 2 ☐ No

25. Wes case referred to medicai examiner? 1 Yas 21 No 27. Menner of Death 1 4 Naturel

Hospitel: 1 Impatient 28a. Date of injury (Month, Day Year) 5 Pending investigetion

6 Could not be

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28b. Tima of 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred

29e. Certifier

30. Nemec

2 Accident

3 Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the causa(s) end menner stated.

29b. Signature and title of-certifie

29c. License number

26. Placa of Deeth (Check only one)

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

State Registrar

31. Dete filed (Month, Day,

32. Registrer's Signeture

Tulk of wedge Ro

1921 N. H. Tx

DIVISION OF VITAL RECORDS, P.O. BOX 687-50

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

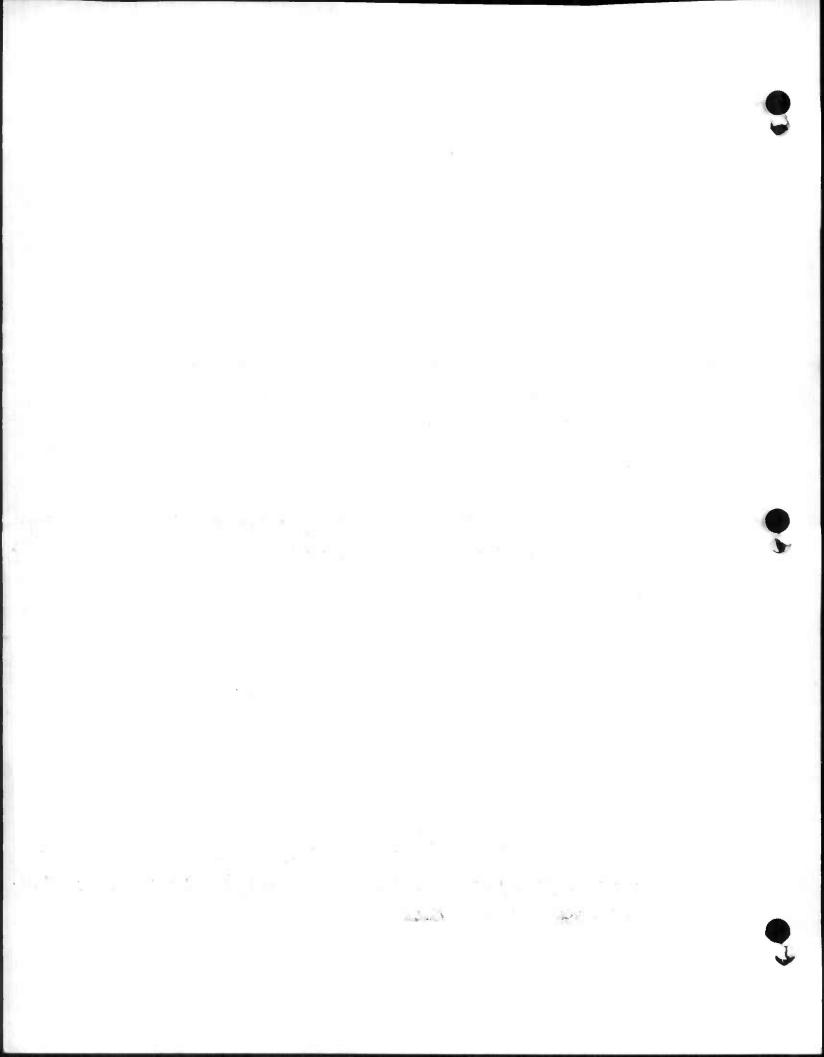
TO THE FUNEAL DIRECTOR: After this certified has been signed by the attending physician and completely filled the internal director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cernation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

CLARENCE POOLE, JR. 4. SOCIAL SECURITY NUMBER 250-24-7713 XXM 2 F	DBER 18, 1 OF BIRTH Day, Year) 1924 9c. CC PF	6. BIRTHPLACE (State or Foreign Country) ENOREE, SC OUNTY OF DEATH RINCE GEORGE S 10d. INSIDE CITY LIMITS?							
CLARENCE POOLE, JR. 4. SOCIAL SECURITY NUMBER 250-24-7713 5. SEX 250-24-7713 12XXM 2 F	DBER 18, 1 OF BIRTH DOT DOT 1924 100. CC PF	1996 6:55 P 6. BIRTHPLACE (State or Foreign Country) ENOREE, SC DOUNTY OF DEATH RINCE GEORGE S 10d. INSIDE CITY LIMITS?							
4. SOCIAL SECURITY NUMBER 250-24-7713 5. SEX XXM 2	OF BIRTH 2. Day, Year) 9c. CC PF	6. BIRTHPLACE (State or Foreign Country) ENOREE, SC OUNTY OF DEATH RINCE GEORGE S 10d. INSIDE CITY LIMITS?							
99. FACILITY NAME (If not institution, give street and number) REGENCY NURSING HOME RESIDENCE OF DECEDENT 100. STATE 101. STATE 102. CITY, TOWN OR LOCATION OF DEATH FORESTVILLE RESIDENCE OF DECEDENT 103. STATE 104. STATE 105. STATE 106. STATE 107. STATE 108. STATE 109	9c. cc PF	ENOREE, SC OUNTY OF DEATH RINCE GEORGE'S 10d. INSIDE CITY LIMITS?							
REGENCY NURSING HOME FORESTVILLE RESIDENCE OF DECEDENT 106. STATE MARYLAND PRINCE GEORGE'S CAPITOL HEIGHTS 106. STREET AND NUMBER 416 MILFAN DRIVE 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN	PF	RINCE GEORGE'S 10d. INSIDE CITY LIMITS?							
100. STREET AND NUMBER 416 MILFAN DRIVE 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN	10g. C	10d. INSIDE CITY LIMITS?							
100. STREET AND NUMBER 416 MILFAN DRIVE 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN		LIMITS?							
104. STREET AND NUMBER 416 MILFAN DRIVE 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN		LIMITS?							
104. STREET AND NUMBER 416 MILFAN DRIVE 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN		. (M)							
416 MILFAN DRIVE 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO. TO SEE 11 YES, specify, Cuben, Mexican, Puerto F		1 🔀 YES 2 □ NO							
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN 17. Never Married 18. WAS DECEMDENT OF HISPANIC ORIGIN 19. Never Married 19. Never Married 19. Was Decembent of Hispanic Origin 19. Never Married 19. Never Mar	1 1	JSA							
IL 1 Never Married 2 X Married FORCES? 1X YES 2 NO. The It yes, specify Cuban, Mexican, Puerto P									
A PIVIV		Black, White, atc.							
m 3 Wildowed 4 Divorced		BLACK							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of twork done during most of working life. Do NOT use refired.) CONTRACTOR 16b. MCTHER'S NAME (First, Middle, Last)	L KIND OF BUSINESS/I	INDUSTRY							
Elamentary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use refired.)	Dr.m. / 000								
12th CONTRACTOR	PVT./ SEL	LF EMPLOYED							
17. FATHER'S NAME (First, Middle, Lest)	Viddle, Maiden Sumame	D)							
CLARENCE POOLE, SR. MARY CO									
198. INFOHMANT S NAME (hyper-rint)									
VICTORIA POOLE, WIFE 416 MILFAN DRIVE CAPITOL		20743 — City or Town, Stata							
1 ABurial 2 Cremation 3 Ramoval from Stata cemetery crematory or other place:									
1 1		ENTWOOD, MD							
4308 SUITLAND RD.	SUITLAND,	'S FUNERAL HOME, MD 20746							
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as card	diac or respiratory	arrest, Approximate							
ahock, or heert fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final	_	Onaet and Dea							
disease or condition resulting in death) a. RESPIRATORY FAILU	IRF.	our-de							
DUE TO (OF AS A CONSEQUENCE OF):									
Sequentially list conditions, b. MULTIPLE STROKES		>2 ma							
Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A COUSEOUENCE OF):									
CAUSE (Disease or Injury	CAUSE (Disagrae or Injury								
CADSE (DISSESSE OF INJURY Thet Initiated events DUE TO (OR AS A CONSEQUENCE DF):									
thet initiated events reaulting in death) LAST									
thet initiated events reaulting in death) LAST									
manufacture of the first of the	24s. WAS AN AUTOPS								
manufacture of the first of the	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 X NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.	PERFORMED?	AMAILABLE PRIOR TO							
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
reaulting in death) LAST d. PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PARO 1 Input lent 2 ER/Outpet lant 3 DOA 4 Nursing Home 5 Realdence 6 Othe 27. MANNER OF DEATH 28. DATE OF INJURY 28. DIM DEV Veer) 28. DATE OF INJURY 28. TIME OF 28C. INJURY AT 28d. DES	PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO 1 Inpatient 2 ER/Outpetient 3 DOA Winsing Home 5 Realdence 6 Othe 27. MANNER OF DEATH 28s. DATE OF INJURY 1 North, Day, Veer) 28d. DES	PERFORMED? 1 YES 2 X NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 PNO 1 Inpatient 2 ER/Outpatient 3 DOA William of There: 1 Natural 5 Pending Investigation 28. PLACE OF INJURY 28b. TIME OF INJURY WORK? 1 Selection of There is a condition of the part I.	PERFORMED? 1 YES 2 X NO PER (Specify) SCRIBE HOW INJURY (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA W. Nursing Home 5 Realdence 6 Other 27. MANNER OF DEATH 28. DATE OF INJURY Set INJURY NORK? 1 Nestural 5 Pending Investigation 28. PLACE OF INJURY At home, farm, street factory office.	PERFORMED? 1 YES 2 X NO ST (Specify) SCRIBE HOW INJURY (ATION (Street and Num	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
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State of Maryland / Department of Health and Mental Hygiene 96 34266

				C	ertii	ficate of	Death		Reg. No.	47 (7	0 7 6 0 0
	Physic /Medi		1. Decedent's Name (First, Middle, Lest)	P	00,	N CH	JR	2. Dete of D Month		19 96	3. Time of Deeth
	Examil Examil Funeral Director		4e. Facility Name (If not institution, give street end number) WASHINGTON AUCHIS 5. Sociel Security Number 6. Sex 7. Age (In yrs. 419 46 1253 12 M 2 F 61	HOS last birthda Yrs.	M	Tall Under Year onths Deys		r Location of Dee a Park s. 8. Date of B	irth do C	ON TO	
Achapta	H show	tor		y, Town or	r Locati	on					10d. Inside City Limits
.0020	items 23s or 28s	Funeral Director	10e. Street end Number 7317 Westwind Drive 11. Marital Status 1□ Never Married 215 Married 12. Was Decedent Ever in U, Armed Forces? 153 Yes 2□ No	,S. 1:			715 Hispenic Orlgin? (pan, Mexican, Pue	Specify Yes or N	Un	en of Whet Co ited S . Rece - Ame Bieck, Whit	States ericen Indien,
1215-	8 8	Completed by F	1 Never Married 20 Married 3 Widowed 4 Divorced Preer or Dates 6 3 / 81 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) Cottege (1-4or 5+)	16a. Dec (Gi life Haza:	ecedent live kind le. DO	us Mate	petion during most of w	orking	16b. Kind	of Business rtment	
yland 2	is marked other than raumatic event, tra Ma	To Be Co	17. Fether's Neme (First, Middle, Last) Frank G. Punch, Sr.	Spec	ial	ist	18. Mother's No Ida Co	oner			
a "	t of Haalth of Item 27 is		XSt Burial 2 Cremation 3 Removel from Stete	731 Plece of Dis	L7 W		d Drive 11/1/96	Bowie N	laryla 20c. Loca	nd 207 Ition - City or	15
Balt	Departmen important: eny injury once.		21. Signeture of Funeral Service Licensee Robert E. Evans, Pro	h-	Rob	000 Ann	Evans F apolis R	d. Bowie	e Md.		
1	hysiclan /Medical xaminer	er		V E	sequen	HENF	IT F	A / L V			Approximete Intervel Between Onset end Deeth
I Records, P.O. Box 68760, The law requires that the death cartificate be executed	ed by the attanding physician and datached for use as the buriel-trensit	VMedical Examiner	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that injusted exercise.	r es e cons	sequen	ce of):	У ,				
T.O. BO	d by the attar datached for u	Physician/	Pert II. Other significent conditions contributing to death but not resu				ven in Pert I.		tobacco us		to the cause of death?
SCORDS, aw requires t	s been signe 2 should be	Completed by							s en eutopsy ormed?		Were eutopsy findings eveileble prior to completion of ceuse of deeth?
VITAI H		Be	25. Was cese referred to medical exeminer?					1 □ eeth (Check only	Yes 20		1 ☐ Yes 2 ☐ No
or Attending Phoragon or Attending Phoragon. Nicotor: After this in by the funeral		Certification: To	1 Inpatient 2 I	ER/Outpati 28b. Time Injury ome, farm, s	e of y	28c. Injur		Home 5 ☐ Res 28d. Describe 28f. Location City or To	how injury o	occurred	cify) ural Route Number,
UIV To the Hospital or A	within 24 hours a To the Funeral Completaly filled	Medicai C	29a. Certifier (Check only one) Certifying Physician: To the best of my know 2 medical Examiner: On the basis of examinetiend menner steted.	vledge, dee ion end/or	eth occ	getion, in my o	pinion, deeth occ	e, end due to the urred et the time,	, dete end pt	ece, end due	to the ceuse(s)
6	2 2 3		30. Name end eddress of person who completed cause of deeth (Item	23e) (Type	e, Print	29c. Licens D - (29097	ad	29d. Date s	97/1	996
Ы.	Sta Registr	te	3060, MIP CHELLVILLE 31. Date filed (Month, Day, Year) OCT 3 0 1996 July Dauther	RD		# 103		SWIE		ns.	20716

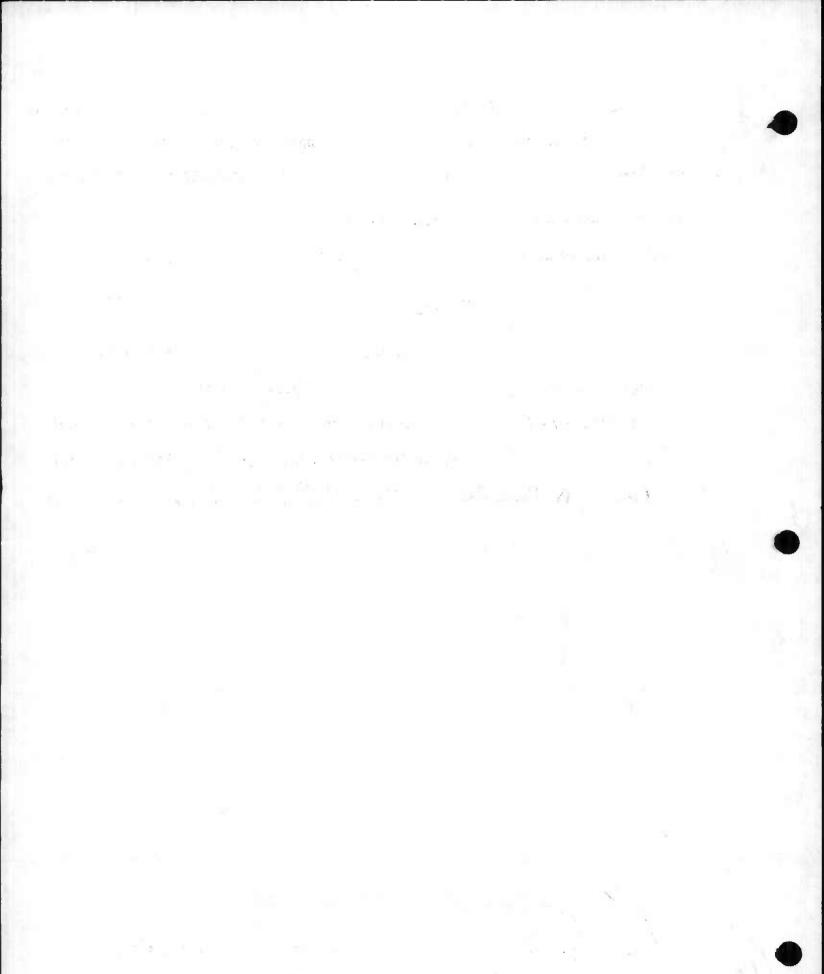
State of Maryland / Department of Health and Mental Hygiene

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					J	Certifica	te of Death	Worker Try	Reg. No.	0 3426) [
*	Physici /Medio Examir	al	Decedent'a Nama (First, Middle, Last,	Mason	F	owe!	4b. City, Town, or	2. Data of De Month Octobe	ath Dey	796 10 20 of Death	eath
	Funeral Director		3/0-40-39/1	714 -777 -	(In yes, last b	Vrs.	er 1 Year If Under 24 Hr. Days Hours Min	8. Date of Bir (Month, Da Februa	PRINC b, Year)1900 ry 12,	9. Birthpleca (State of Country) Virginia	es oreign
	And West		Usual Rasidance of Decedant 10a. Stata 10b. County	1	IOc. City, To	wn or Location				10d. Inside City	Limits
	a-f show	ctor	Maryland Prince	Georges	1	Upper Ma	rlboro			1 X) Yas 2	. □ No
	th with th	al Director	10e. Street end Number 11906 Broadmore	Lane		10f. Z	ip Coda 20772		10g. Citizen of W United		
020	ours after dea ral', or items Examiner m	by Funeral	11. Meritel Status 1 ☐ Navar Married 2 ☐ Married 3 🛣 Widowed 4 ☐ Divorced	12. Wes Decedant Ev Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Datas:			edent of Hispanic Origin? (ecify Cuban, Maxican, Pua 20 No Specify:	Specify Yes or No nto Rican, atc.)		- Amarican Indian, k, Whita, atc. Black	
Maryland 21215-0020	within 72 h ene. than *natu he Medical	Completed	15. Decedant's Edu (Specify only highest grade	cation a <i>completed)</i> Collega (1-4or 5+)	166		ual Occupation ork dona during most of wo use ratired) keeper	orking	16b. Kind of Bu	sinass/Industry	
Ď.	Hyg other vent, t	Be Co	17. Fether's Neme (First, Middle, Last)		!	11045		ma (First, Middla,			
ylar	Menta Menta arked arked	To E	George	,	Mas	son	Laur	а		Toliver	
Mar	2 sho is me		19a. Informant's Name/Ralationship (Ty				ss (Street and Number or F				
altimore, I	ges 1 and t of Health If New 27 or other 1		Carl Mason Powell, 20a. Mathod of Disposition William 2 Cremation 3 CR		20b. Plece	1906 Bro of Disposition (N ery, cramatory or	eadmore Lane; ama of cother plece) Oct.29	Upper Ma ,1996	Marlboro, Maryland 2077 20c. Location - City or Town, State		
Ē	it. Pa		4 ☐ Donation 5 ☐ Othar (Specify)			and Nati	onal Memoria	1 Park	Laurel, Maryland		
Ba	Depa Impo Impo		21. Signature of Funerel Sarvice License	with			and Address of Facility I Georgia Avenu				11
68760,	Physician // Medical Examiner as the burlat-transit	edical Examiner	23a. Parit. Enter the disease of complishock, or heart failure. List only or immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Am Can	um to (or as a	consequence of	of sile	anti	<i>f</i> -	Approximata Interval Batwe Onset and Dec	en ath
Box 68		2	resulting In death) Last		osis	7				1 uu	k
P.O.	requires that the death cer wen signed by the attendir hould be delached for use	Completed by Physician/	Part II. Other significant conditions con	tributing to death but	not resulting	in the undarfying	causa givan in Part I.			pributs to the cause of a 3 Probably 4 Un	
Records,		pleted	Fortmany "	himme	nho	H.			an autopsy rmed?	24b. Wara autopsy find available prior to completion of cau of death?	
	The ate h	Con	S/P cino	mun	ull	u e	rocken	10	Yas 2 No	1 ☐ Yes 2 ☐ No	0
of Vital	Physician: this certific ral director,	Be	25. Was case referred to medical examiner?	ospital:			Other	eath (Check only o			
	ng Phy ter this	tion: To	1 ☐ Yes 2 ☐ No ☐ Pending 27. Mannerof Death 1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation	1 ⊡ Inpatient 28a. Date of Injury (Month, Day Y	28b.	outpatient 3□ D Time of Injury	29c Injury at Work?	Homa 5 Rasic	dance 8 Othe		
Division	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	28a. Placa of Injury building, atc. (/ - At homa, f (Specify)	arm, streat, facto		28f. Location (City or Tou		er or Rural Route Numbe	H',
	Hospi 24 hou Funer tely fiii	edical	29a. Cartifiar 1 ☐ Certifying Phys (Check only one) 1 ☐ Certifying Phys	er: On the basis of a	kamination a	a, daath occurre nd/or invastigatio	d at the time, date and place, in my opinion, daeth occ	a, and dua to tha urred at tha tima,	causa(s) and ma data and placa, s	nnar ss stated. and dua to the causa(s)	
	ithin 2 o the	Med	29b, Signature and title of certifier	end mannar state	d.	2	9c. Licansa number		29d. Data elgned	(Month, Day, Year)	
	1		1 /lenlo.	ese m			D 20824		10/25	191	
1	2/		30. Name and address of person who co	0-1-1 0	th (Itam 23a)	(Type, Print)	Margare V.	Nae Ibae	in h	n 2011	7
	Sta Registr		31. Data filed (Month, Day, Year)	32. Ragistrer's		2	Joseph 11	.40/1000	1		

State of Maryland / Department of Health and Mental Hygiene

					C	ertificat	e of	Death		Reg. No.	90	34268
	SEALE.		1. Decadant's Name (First, Middle,	Last)					2. Dete of D	eath		3. Time of Death
J		sician JAMES WILLIAM PLEDGER					Month 10	29	96	9:45 AM		
ذ	Exami		4a. Facility Name (If not institution,	niva straet end number)				4b. City, Town, or Lo	ocation of Dea		ty of Death	
1			13100 Clov	erly Driv	е			Upper Mar	lboro	Prin	ce Ge	orge's
Г	Funeral			Sex 7. Age	(In yrs. last birtho	Months		If Undar 24 Hrs. Hours Min.	8. Date of B	irth	9. Birth	place (Stete or Foraign
	Director		245-12-4554	TOO M ZUF	7.5 Yrs	i.			04-11-			n Carolina
	pue *		Usual Residenca of Decedant 10a. State 10b. County		10c. City, Town o	r Location						10d Inside City I Imite
	Aanyl sho	5	Maryland Prince Ge		•							10d. Inside City Limits 1 ☑ Yas 2 ☐ No
	the N	ect	10e. Street and Number	or ge 3	upper	Marlbo 10f. Zip				40-00-	1100	
	with a or	ā		Durius						10g. Citizen of		.ntry?
	eath	era	13100 Cloverly	12. Was Decedant E	or in HC		077	·	16 - M A	U.S.A		Inna ta dia
	filed within 72 hours efter death with the Maryland Hygiene. that than "natural", or flams 23a or 28a-f show int, the Medical Examinat must be notified at	Funeral Director	1 Nevar Married 2 Married	Armed Forcas?		If Yes, spec	cify Cub	dispanic Orlgin? (Spe an, Mexican, Puarto	Rican, etc.)		eck, White	ican Indian, , etc.
21215-0020	irs ef	by	3 ☐ Widowed 4 ☐ Divorced	1 N Yes 2 No If Yes, Give Year or Detas:	001/03	1 ☐ Yes	2 ⊠ No	Specify:		Spec	ify: B1	ack
0	2 hou	8	15. Decadant's	Education		cedent's Usue	el Occur	pation		16b. Kind of I		
218	hin 7	Completed	(Specify only highast g Elementary/Sacondary (0-12)	rade completad) College (1-4or 5+	(G	ive kind of wo. e. DO NOT us	rk done	during most of work!	ing			,
21	filed within Hygiene. other then ent, the M	E O	12th	College (1-401 5+	,	Clerk				Gove	rnmen	t
pu	be filed tal Hyg d other	Be	17. Father's Neme (First, Middle, La	st)				18. Mother's Name	(First, Middle	e, Meiden Sume	ma)	
Maryland		To	George Pledge	r				Lydia	Collin	S		
lan	d 2 should th end Mer 7 is marks traumatic		19a. Informent's Name/Ralationship	(Type, Print)	19b. M	ailing Addrass	(Street	end Number or Rure	A Route Num	ber, City or Town	n, State, Zi	p Code)
	2 = 12 = 1		Marian Pledger	/Wife	13	100 Cld	over	ly Drive,	Upper	Marlbo	ro, M	D 20774
orc	of Healt item 2		20a. Method of Disposition		20b. Place of Di cematery,	sposition (Nen	ne of ther ple		Data	20c. Location		
Ĕ	Pages nent of int: If ite		1 🖾 Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Space		Arlingt				11/01 1996	Arlingt	on,	Virginia
Baltimore,	permit. Pages Depertment of Important: if it any injury or once.		21. Signature of Funaral Servica Lic	ensee		22. Name an		ess of Facility				
0	88 = 88		Nancy A	Percent	Q			KINS FUNE				nd 2070E
	ENT		23a. Part1. Enter tha disaas, or co shock, or haart failure. List on	mplications that causad the	he death. Do not	enter the mod	e of dyir	over Road	r raspiratory	arrest,	ryla	Approximata
ķ,	Physician		snock, or heart failure. List on	y one cause on aach line	,						i	Intarval Between Onsat and Death
d	/Medical		Immedieta Cause (Final disease or condition	MUSS	FAILUR	5						4420
	Examiner		resulting in death)	a	ue to (or es a con	-			_		-	
_	p #	ner										
	thet the death certificate be executed ed by the attending physicien end detached for use as the buriel-trensit	Examiner	Sequentially list conditions,	D	ue to (or as a con	sequenca of):						
Š,	se exe		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disaase or injury								i	
68760,	hysic the b	edicai	that initiated avants rasulting in daeth) Last	C. Du	ue to (or as e con:	sequanca of):						
9 X	ing p	Σ										
Bo	ath o	Physician/		0								
o.	the a	sic	Pert II. Other significant conditions	contributing to death but	not rasulting in the	e underlying c	ausa giv	ven in Part I.	23b. Did	tobacco use c	ontributa t	o the cause of death?
P.O.	that the de ad by the detached		DIABETES N	1 ELLITUS					1	Yes 2 No	3 Pro	bably 4 Unknow
Records,	S 50	þ									T	
Orc	v requires been sign should be	je	CERSONNA	COUR ACC	DEM					s en eutopsy ormed?	6/	ere autopsy findings vailabla prior lo
ec	S 2 ×	pldu									of	ompletion of cause death?
=	t se a	Completed	GANGREN Z	LEST FOR	51				10	Yes 2 No	1	☐ Yes 2☐ No
Division of Vital	Physician: The riths certificate and director, page	Be	25. Was case raferred to medical axaminer?					26. Place of Deeth	(Check only	one)		
5	hysic his c	ဥ	1 ☐ Yes 2 No		2 ER/Outpa	tient 3 DO	A Oth	er: 4 Nursing Hor	na 5 Ras	Idence 6 🗆 Ot	her (Speci	(y)
ū	and P	on:	27. Manner of Death 1 Natural 5 ☐ Pending	28e. Date of Injury (Month, Dey)	(ear) 28b. Time		Bc. Injur Wor	y et k?	28d. Describe	how injury occu	rred	
Sio	Attanding or deeth. ector: After by the fune	cati	2 Accident Invastigati 3 Suicide 6 Could not			М	1 🗆	Yes 2 No				
Ξ	or Att	Certification:	4 Homicide datarmine	28e. Placa of Injury building, etc.	/ - At home, farm, (Specify)	streat, factory	, offica	2		(Street end Num wn, Stata)	ber or Run	al Route Number,
	Hospital or Attanding Physician: Surface deeth. Euraral Director: After this certification by the funeral director.											
	Hosp 24 ho Fune etsely I	edicai	COLLECT ON STATE OF THE STATE O	hysician: To the best of miner: On the basis of ex	kamination end/or	ath occurred a investigation,	at the tir	na, date and place, a pinlon, deeth occurre	and dua to the	cause(s) end m	anner es s	tated. o the causa(s)
	To the Hospital or within 24 hours effe to the Funeral Dire	Med	29b. Signatura and title of certifier	and manner stete	a.			e number				
	-			. `						29d. Data sign		Day, rear)
	1,01		un Ul	· w			151	124		10/30	40	
1	12		30. Name and addrass of person who			e, Print)	21 57/	ST NE	(11 AC 11	-N n	444	2
1	/		31. Data filed (Month, Day, Year)	ORIERO 33 Registrort		2AH CAF	110	21 115	MIDH	00 2	000	<u></u>
	Sta Registr		OCT 31 19	32 Registrer's	s Signatura	19						
	Registr	ш	0019119	TO PRINCE DIE	HARANCE STORY	e de la						



State of Maryland / Department of Health and Mental Hygiene 9 6

						Cert	ificate of	Death		Reg. No.	0 (J 7 C U	
	Physici /Medic		1. Decedant's Nama (First, Middla, La William	ist)	Queel	n			2. Data of De	ath	1 9 96	3. Time of D	
	Examir		4a. Facility Nama (If not institution, given	a street and number)				4b. City, Town, or	Location of Deat		of Death	<u> </u>	
	Funeral Director			Sex 7. Aga	(In yrs. last bii		If Undar 1 Yaar Months Days	Lanhar If Under 24 Hr. Hours Mir	s. 8. Data of Bir	y, Year)	9. Birthpl Count	onges laca (Stata or I try) lash.	
	and w		Usual Residance of Decedant 10a. Stata 10b. County D		10c. City, Tow	m or Loca	ation				10	0d. Insida City	/ Limits
	the Maryl 28a-f sho	Director	Maryland Geor	Tince			Heigh	ts		10g. Citizan of V		1 Yas 2	
	a 23a or	eral Dir	1407 Rollins A			T	10f. Zip Coda 20743			United	d Sta	ates	
21215-0020	within 72 hours after deeth with the Maryland ene. than "natural", or itema 23a or 28a-f show ha Madical Examiner must be notified at	d by Funeral	11. Marital Status 1 □ Navar Married 2 □ Married 3 □ Widowed 4 ☒ Divorced	12. Was Decedant Ev Armed Forcas? 1 ☐ Yas 2 No It Yas, Giva Year or Datas:			as Dacedant of P Yas, specify Cub □ Yas 2 No		Specify Yas or No rto Rican, atc.)	Specify			n
15-0	natu Pleatu	Completed	15. Decedant's E (Spacify only highast gr	ducation ada com <i>platad)</i>	16a	. Deceda (Giva ki	nt's Usual Occup nd of work dona	pation duning most of we d)	orking	16b. Kind of Bu	usinass/Ind	lustry	
121	within ene. than	mp	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)				r/Contr		Self H	mn1,	h ave	
	tygi T.		17. Fathar's Nama (First, Middla, Last)	val	THE	L Hake		ama (First, Middla			Jyeu	
lan		To Be	Bud Green					Ame	lia Qu	een			
Maryland	s 1 and 2 should be f f Health and Mental I tem 27 is marked of other traumatic eve		19e. Informant's Name/Ralationship (Type, Print)	19b	. Malling	Addrass (Street	and Number or F	Rural Routa Numb	er, City or Town,	Stata, Zip	Coda)	
	Health Health em 27 I		Darryl R. Que	een				n Lane,	Bowie	, Md.	20	715	
Baltimore	pormit. Pages 1 end Department of Realth Important: If Item 27 any Injury or other to		20a. Method of Disposition 1 Burlal 2 Cramation 3 4 Donation 5 Other (Special		camata	ry, crame	tion (Nama of atory or other pla Mem. P		Data t. 28,	20c. Location - 1996 I			Md.
Balt	permit. Departi Importu any inj ance.		21. Signature of Funeral Service Lice	tewart	11/	22. S	Name and Addre TEWART	FUNERA	AL HOME Road N.	, INC.	sh.	D.C.	
	Physician		231 Entar tha disaase or combook, or haart tailure. List only	aplications that caused the one cause on each line.	na daath. Do							Approximata Interval Batwe Onsat and De	een eath
A	/Medical		madiata Causa (Final	Candio	HOSNIH	aton	y Failu	ho			Ī		
в	Examiner	U	rasulting in daath)	a	ua to (or as a		~	,					
	P #	iner	_	Severe	Cardi	omyo	pathy					years	
30,	icate be executed physician and s the burial-transit	ıl Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Inderlying Causa (Disass or Injury c							years			
x 68760,	the death certificate be executed by the ettending physician and sched for use es the burial-transit	Medical	c. Dua to (or as a consequence of): Severe Peripheral Vascular Disease							years			
Во	eath certifi ettending for use ea			d									
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Records,	aw requires is been sign 2 should be	Completed by								an autopsy ormad?	ava	ara autopsy tine allabla prior to inplation of cau death?	
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o	Physician: this certific ral director,	P	1 ☐ Yas 2 No	Hospital: Impatiant			3LI DUA		Homa 5□ Rasi			1)	
uc	ding P. After I	ion:	1 Neturel 5 ☐ Pending	28a. Deta of Injury (Month, Dey)		Tima of Injury	28c. Inju Wo M 1	ryat rk?]Yas 2 □ No	28d. Dascribe	how injury occur	ed		
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	To the Hospital or / within 24 hours etter To the Funeral Director Completely filled in E	edical Co	29a. Certifiar (Check only one) Medical Exar	lysicien: To the bast of a niner: On the basis of a miner state	xamination an	a, daath c id/or inve	occurred at tha ti stigetion, in my	ma, date and pleo opinion, daath occ	e, and dua to tha curred at tha tima,	cause(s) end ma data and piaca,	innar as st and due to	eted. tha cause(s)	
	To the within To the	Me	29b. Signature and title of certifies	, and state	6		29c. Licans	sa number	T	29d. Data signe	d (Month, I	Day, Year)	
			1 Lines	M	(1)		04	12019		Octob	er 25	, 1996)
(4)		30. Name and address of person/who					Road, Lau	irel, MD	20707			
	Sta Registr		31. Data filad (Month, Dey, Year) OCT 8 0 199	32. Registrar's	s Signature			•	-				

DHMH 16 Rev 6/95

Region 1 miles

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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

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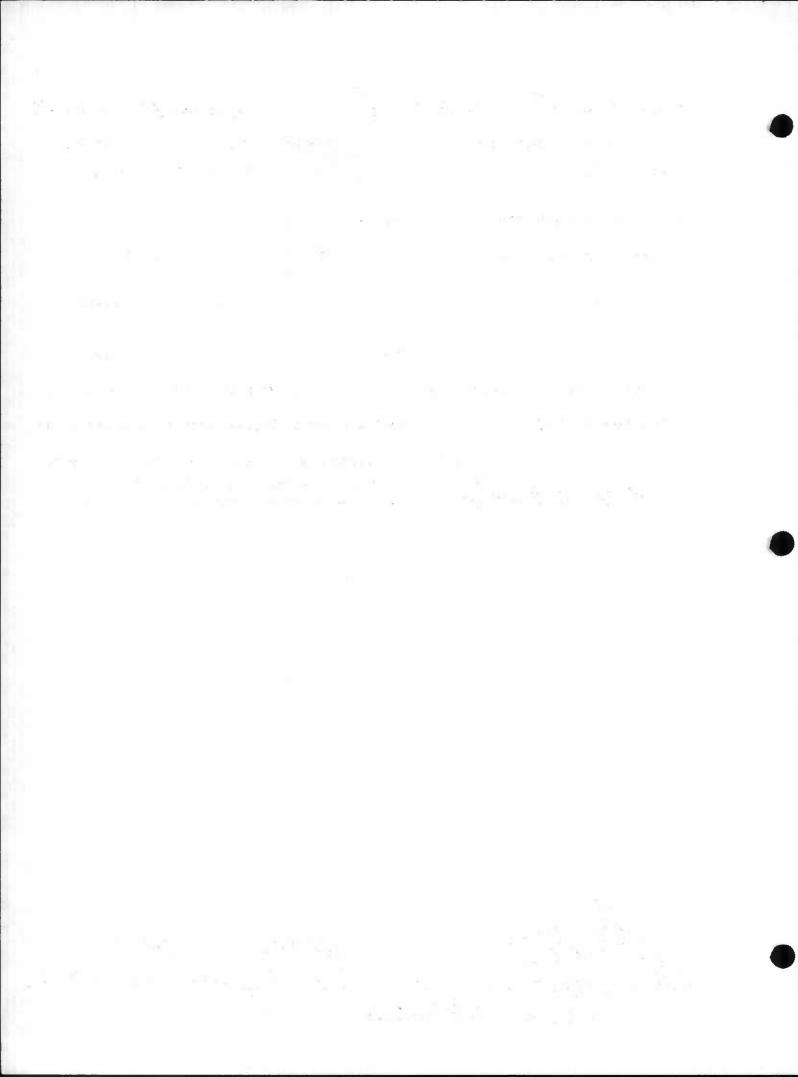
Physician Carl James REED	Month Day Year
/Medical Carl James REED	November 3 19910 1233
	Town, or Location of Death 4c. County of Death
	gerstown WASHINGTON
	ar 24 Hrs. 8 Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foreign Country)
Usual Rasidance of Decedant	Apr.7,1921 Maryland
10a. Stata 10b. County 10c. City, Town or Location	10d. Insida City Limits
MD Washington Boonsboro 10e. Street and Numbar 10f. Zip Coda	1 □ Yas 2 No
10f. Zip Coda	10g. Citizan of What Country?
8900 Lum's Lane 21713	USA
8900 Lum's Lane 21713 11. Marital Status 1 Navar Married 2 Married 11. Navar Married 2 Married 12. Was Dacedant Evar in U,S. Armed Forcas? 1 Navar Married	Origin? (Specify Yas or No- ean, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc.
S = 3 Widowed 4 Divorced Yaar or Datas: WW I I	specify: White
15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during me (Giva kind of work dona during me lifa. DO NOT usa ratired) Sheet Metal Worke	ost of working
College (1-4or 5+) Elamantary/Secondary (0-12) College (1-4or 5+) Sheet Metal Worker	er Aircraft Manufacture
	thar's Nama (First, Middla, Maidan Sumama)
17. Fathar's Nama (First, Middle, Last) 18. Mot	Florence Myrtle Long
A 22 2 2 1	nber or Rural Routa Number, City or Town, Stata, Zip Code)
Anna P. Reed 20a. Mathod of Disposition 20b. Place of Disposition (Nama of	Data 20c. Location - City or Town, Stata
1 図 Burial 2 □ Cramation 3 □ Ramoval from Stata Cematary, cramatory or other place) Cedar Lawn Memorial Park	Nov.6,1996 Hagerstown,MD
보 교육경증	
OSBORNE FUNERAL IP-0-Box # 348 Wi	HÖME illiamsport,MD 21795
23a. Part1. Entar vi disaasa, or complications that caused tha death. Do not antar tha mode of dying, such a shock, or he of failure. List only one cause on each line.	as cardiac or raspiratory arrest, Approximata tntarval Batween
Physician (Medical Immediata Causa (Final COA A TO B COA A TO COA	Onsat and Death
Medical Immediata Causa (Final disaasa or condition rasulting in daath) a. Corditor Sylva afour	y ovest minutes
Dua to (or as a consequence of):	
Sequentially list conditions, if any, leading to Immediate cause Enter Understone. Church Stutched b. Church Stutched Dua to (or as a consaquance of):	Pulmeraly Discognos
B 0 1 X if any leading to immediate	
A se de la servicio del servicio de la servicio de la servicio del servicio de la servicio del	
O X O X O X O X O X O X O X O X O X O X	
d. d. d. d. d. d. d. d. d. d. d. d. d. d	
- 9 X Fart tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Per	t I. 23b. Did tobacco uss contribute to the cause of death?
Sport at the sport of the sport	1 Yss 2 No 3 Probably 4 Unknown
Adpose at seign and pool of the state of the	
The law requirements the law r	24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to
m mple	complation of cause of death?
Com Day and Da	1 ☐ Yas 2 💢 No 1 ☐ Yas 2 ☐ No
TO THE STATE OF TH	ca of Death (Check only ona)
25. Was casa rafarred to medical axaminar? 1	Nursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify)
27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work?	28d. Dascribe how Injury occurred
Natural 5 Panding Invastigation 2 Accident 3 Suicide 6 Could not be datamined 4 Homicide 4 Deposition 1 Panding Invastigation 6 Reposit	
Solution of the state of the st	28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)
Natural 5 Panding Invastigation 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 29a. Certifiar (Check only one) 29b. Signature and titla of certifier 29c. Licansa number	and place, and dua to the causa(s) and manner as stated.
one) and manner stated.	
29b. Signature and titla of certifier 29c. Licansa number	29d. Data signed (Month, Day, Year)
Thouse The DIAS	14 140.4,176
30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) 3 66 M	ALI ST LIGHTIC TOWN IND
State 31. Data filed (Month, Day, Year) 1000 32, Registar's Signature	29d. Data signed (Month, Day, Year) NOV. 4, 1896 NLL ST. HQG AZG TOWN IND H740

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31271

						Certi	ficate of	Death		Reg	. No.	0	14211
	- Harrison Co.		1. Depedant's Name (First, Middla, Las	1 (1		0			of Daath	Davi	Vana	3. Tima of Death
	Physic /Medi		ISPH LOW F	iles k	edme	060	V.		n /a	wer.	Day 5#	199C	OPOO
	Examir		4e. Fecility Nama (If not institution, give	street end number)				4b. City, Tow	n, or Location o		4c. County	of Death	
	***************************************	-	54 East Antie	tam Stre	et			Hage	rstown		Was	hing	iton
	Funeral		5. Social Sacurity Number 6. S	ax 7. Aga	(In yrs. last bir		If Under 1 Year	tf Undar 2	4 Hrs. 8. Date	of Birth	was	9. Birthol	ace (State or Foreign
П	Director		214-28-7355	□M 25/F	65	Yrs.	Months Days	Hours	4 Hrs. 8. Date Min. OCT.	19 ^{Day,} 1	931	Mary	7land
	D		Usual Residence of Decedant								-		
	ylan		10a. Steta 10b. County		10c. City, Town	n or Locat	tion					10	d. Insida City Limits
	Mar Filed	to	Maryland Washi	ngton	Hage	rsto	own						1√ Yas 2 No
	r 28	Directo	10e. Street and Number				10f. Zip Code			10g	. Citizen of W	/hat Count	ry?
	3ª o		54 East Antiet	am Street	t		21740	1			U.S.	Δ	
	deat me 2	Funeral	11. Maritel Stetus	12. Was Dacedant E		13. Wa	s Dacedant of H	lispanic Origi	In? (Specify Ye	or No-	7	- Amarica	an Indien,
0	r he	F	1 Never Merried 2 Married	Armed Forcas? 1 ☐ Yes 2 ☐ XV	0		es, specify Cube		Puarto Rican, a	tc.)	Blac	k, Whita, e	itc.
8	or's	by	3 ☐ Widowed 4 ☐ Pivorced	If Yas, Giva Yeer or Detes:		1	Yes 2 No	Specify:			Specify	Whi	.te
0	2 ho	Completed	15. Decedent's Ed		16a.	Deceden	nt's Usual Occup	ation		16	b. Kind of Bu	sinass/Ind	ustry
Maryland 21215-0020	hin 7	ple	(Specify only highast gra Elamantary/Secondary (0-12)	da complatad) Collaga (1-4or 5+		lifa. DO	of work dona NOT usa retired	<i>dun</i> ng most d)	or working				
7	d wit	on	10	Conaga (1 401 01	'	Home	emaker				0 wn	Hom	ie
9	off Hy	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar	's Nama <i>(First,</i>	Middla, Ma	idan Sumam	a)	
<u>a</u>	should be filed within 72 hours aftar death with the Maryland of Mantal Hygians. marked other than "naturel", or items 23s or 28s-f show imatic svent, the Madical Examiner must be notified at	ToE	Harry Sonn	y Lady	Sr.			Eli	zabeth	М	ay	Arms	trona
an	and h		19a. Informant's Nama/Ralationship (7	ype, Print)	19b	. Malling /	Address (Street	and Number	or Rural Routa	Number, C	City or Town,	Stata, Zip	Coda)
Σ	aith a		Romaine E. La	dv	7	East	t Washir	naton :	StHaq	ersto	wn. Ma	rvlar	nd 21740
e e	othern other	li	20e. Mathod of Disposition		20b. Place of	f Dispositi	ion (Nama of tory or other place		Data		c. Location -		
Itimore,	Page anto		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacify				Cremato		1-09-96	Sm	ithehu	ira N	Maryland
a	permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryfan Department of Health and Mantal Hygiana. Important: if Itam 27 is marked other than "naturel", or items 23a or 28a-f show any Injury or other treumetic svent, the Modical Examiner must be notified at ance.		21. Signetura of Funarai Sarvice Licen		OIIIZOTTO								laryrand
m	Dapa Impo any Ir		A Though	Rude	_	And	lama and Addra Crew K.	Coffm	an Fune	ral H	lome, I	nc.	
			23a Part 1 Enter the disease or come	licetions that cheed	the death Do		E. Ant:						
	Dhaalalaa		23a. Part1. Enter tha disaasa, or comp shock, or haart failura. List only									, i	Approximete Intarval Batween Onset and Daeth
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	Examiner		disaasa or condition rasulting in daath)	a. 774	V1030	610	16	Card	(0 VU	3(4	wa	UCL	se your
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,	axec n and al-tra	Exa	Sequantially list conditions, if any, leading to immadiate ceuse. Enter Undarlying	U	oua to (or as a	consaqua	nce of):					1	
68760,	eath certificate be axecuted attending physician and for usa as the burial-transit	edical Examiner	Causa (Disaase or Injury that Initiated evants	c								-	
9	phy as the	Pa	rasuiting in daath) Last	D	ue to (or es e d	consequar	nce or):						
×	nding usa a	\$		d									
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O.	the cy the	ys	Part II. Other significant conditions co	Titributing to death but	not rasulting in	i tha unda	anying ceuse giv	an in Pan I.	23	/			the cause of death?
J.	that bed b									12Yes	2□ No	3 Prob	ably 4 Unknown
ds,	requiras that seen signed b should be data	d by							24	. Was en a	autopsv	24b. Wa	ra eutopsy findings
<u></u>	v require been si should l	ete								performe	id?	ave	llable prior to
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5	D 4 5	lon	1 ☑Natural 5 ☐ Panding	28a. Data of Injury (Month, Day	Year) 28b. I	Fime of njury	28c. tnjur Wor			scribe now	Injury occurre	ea	
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Division	al or Attandir saftar death. I Director: Al d in by tha fu	Certification:	4 ☐ Homicida determinad	28e. Place of Injur building, atc.	y - At noma, ta (Specify)	rm, straet	, tactory, office		City	or Town,	Stata)	er or Hurai	Routa Number,
_	pred Filled		200 Cadifica	- Internal Control									
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in t	edica	29a. Cartifiar 1 Certifying Phy one)	rsician: To the bast of iner: On the basis of a	examination and	dor Invas	curred at the tin tigation, in my o	na, data and pinlon, death	place, end dua occurred at the	to tha ceus a ti <i>m</i> a, data	sa(s) and mai a and place, a	nnar as sta ind dua to	the ceuse(s)
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)			Coughe				100	USE	10		11/0	116	?
			30 Name and address of person who o	ompleted causa of das	ath (Itam 23a) ((Type, Pri	nt)	a 1	1. ~	1/2	in in	00	2/742
	1200		31 Date filed (Month, Day, Year)	30 000	/VO/	1401	2/ yer	17	age.	yeu	wir	U <	1176
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	ric grati	***	AT ADM	1000 March	See and the second	-							



State of Maryland / Department of Health and Mental Hygiene 96

							Cei	tificate o	f Death		Reg. No.		J - 7 C. 1 C.	
	Physic	an	Decedent's Name (First, II T. T. T. T. T. T. T. T. T.) - H - 1 - 4 - 4				2. Date of D	eath _Day	Year	3. Time of Death	
J	/Medi				ne T. R		rre			Octobe			-	
	Examir	ner	4a. Facility Name (If not insti 5703 Barker			mber)			4b. City, Town, or Lanham			ce G	eorges	
	Funeral Director		5. Social Security Number 220–40–4266		Sex 1□M 2∏ F	7. Age (In yrs. I 56	lest birthdey) Yrs.	Months Day			irth <i>1940</i> 1940	9. Birth Cou Penns	place (State or Foreign ntry) Sylvania	
	pul .		Usual Residence of Deceder 10a. State 10b. Co			100 City	y, Town or Lo	cation					and toolds Obs. I to the	
	f sho	ō			arges		Lanham	cation						
	the N	ect	10e. Street and Number				LOUISM	10f. Zip Code			10a Chizen of	What Cou	- Hui,	
	with with	ā	5703 Barker	בות	a o				706				nuy!	
	deeth ms 23	lera	11. Marital Status	Pla	12. Was Dece	edent Ever in U.	S. 13. V		of Hispenic Origin? (Suban, Mexican, Pue	Specify Yes or N			can indian,	
21215-0020	72 hours after deeth with the Maryland "natural", or frems 23a or 28a-f show solical Examiner must be notified at	by Funeral Director	1 ☐ Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Divo		Armed Fo 1 Tes If Yes, Giv Year or Do	2 XNo		f Yes, specify C		rto Rican, etc.)	Specif	y:		
2-0	n 72 ho *natur	g	15. Dec	dent's E	ducetion ade completed)		16a. Deced	lent's Usuei Occ	cupation ne during most of wo ired)	arkin a				
21	C . B	Completed	Eiementary/Secondary (0-		College (1	-4or 5+)				nking.	Prince G	borges	s School	
	filed within Hygiene. Ither then	S	12		4		SCI	ool Te			Syste			
Maryland		Be	17. Father's Name (First, Mic Alexande:		urnbull						e, Meiden Sumer	ne)		
3	should be and Mentel marked o	Lo							Bernadi		mer			
Mai	12 si h and f is n		19a. Informent's Name/Reia John C. Ratc			.a		_			-	, Stete, Zij	o Code)	
	Healt m 2		20a. Method of Disposition		e-nusbar				ace, Lanham,	MD 2070		City or T	our State	
Baltimore,	80 = 5		1 🖾 Bunal 2 🗆 Cremal	ion 3 [Removal from :	State		sition (Name of netory or other p	1	Wovember 3, 1996				
alti	ermit. Pa Separtmen mportant: my injury acca.		21. Signature of Aneral Ser			/ Livar	22	eterans Co . Name and Ado	dress of Facility		CHETCHINA	ii, i kii	ylaid	
m	50118		Mucha	4	Xe,	.0_	R∈	ndon/Hale	Funeral Ho	me	0000			
-	F 5.00		23a. Parv. Enter the diseas	e, or com	plications that c	aused the death	n. Do not ente	er the mode of c	olis Road, I dying, such es cardla	annam, M	20/06 errest,	T	Approximate	
4	Physician		Jook, of Healt lande.	List Only	0,00 00000 011 0	don mie.						1	Onset and Death	
4	/Medical		Uisbaso of Condition											
и	Examiner		Due to (or as a consequence of):											
	pg ti	ine			h					County of Death Prince Georges 9. Birthplace (Stete or Foreign County) Pennsylvania 10d. Inside City Limits 1 2 Yes 2 No izen of What Country? S.A. 14. Race - American Indian, Biack, White, etc. Specify: Caucasian Ind of Business/Industry Ce Georges School System Sumeme) Town, Stete, Zip Code) Deation - City or Town, Stete enham, Maryland Approximate interval Between Onset and Death Approximate interval Between Onset and Death 2 Y/CS INO 1 Yes 2 No 8 Other (Specify) Ty occurred 1 No 1 Yes 2 No 1 No 1 Yes 2 No				
	death certificate be executed e ettending physician and of for use as the burial-transit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury c.												
,60	be e iician buria		ceuse. Enter Underlying Cause (Diseasa or injury	~	c									
68760,	icate phys s the	Medical	that initiated events resulting in death) Last			Due to (or	es a conseq	uence of):						
Box	certifu nding use a	3		-	d							1		
m	death cer ettendir d for use	Physician/	Part II. Other significant con	ditions	contributing to de	oth but not room	thing in the	darbina acusa	niven in David	22h Die	I tohenno una na	neulbree e	to the course of death?	
P.0	es thet the de igned by the e be detached t	hys	Part II. Other significant con	uluons (sommouning to de	erin but not resu	nung in the or	idenying cause	given in Pert i.		Yes 20 No			
	s the	by P									2.01	Ψ	DEDITY VE ON ANIONI	
of Vital Records,	lew requires that the es been signed by the 2 should be detached.										s an autopsy formed?	24b. W	ere autopsy findings	
သို့	s bed 2 sho	plet								per	ionneg r	CO	ompletion of cause	
æ	0 - 5	Completed								10	Yes 2 No	11	☐ Yes 2☐ No	
ta	Iclan: The certificate rector, pag	Be C	25. Was cese referred to me	dicai					26. Place of De	ath (Check only	one)			
\	Q 00 10	To	examiner?		Hospitai:	npatient 2 🗆 I	ER/Outpatien	t 3□ DOA	Other:	/		ner (Speci	fy)	
0	ding Ph h. After th funeral	1	27. Manner of Death 1 ☑ Netural 5 ☑ Pe	ndina	28a. Date of	of Injury h, Dey Year)	28b. Time of Injury	28c. In	jury at Vork?	28d. Describe	how injury occur	rred		
0	Attending or death. After by the fune	atic	2 ☐ Accidentinv	estigatio	n		,,		☐ Yes 2☐ No					
Division	after de Direct	Certification:	3 ☐ Suicide 6 ☐ Co	uid not b termined	288. Place	of injury - At hong, etc. (Specify	me, ferm, str	et, factory, offic	: e	28f. Location City or To	(Street end Num own, Stete)	ber or Run	al Route Number,	
	oftal o													
	To the Hospital or / within 24 hours after To the Funeral Direct Completely filled in L	edical	29a. Cartifier 1 ☐ Cert (Check only 2 ☐ Med one)	fying Pt cel Exa	nysician: To the miner: On the ba and mann	isls of examinati	vledge, deeth ion and/or inv	occurred at the estigation, in m	time, date and plac y opinion, death occ	e, and due to the urred at the time	e ceuse(s) and m , date and place,	anner as s and due t	stated. to the ceuse(s)	
	To th To th comp	M	29b. Signeture and title of ce	tifier				29c. Lice	ense number		29d. Date signe			
	0		Sent	- 1	Stan	e in	0	100	8912		11/1	196	,	
	(10)		30. Name and address of per	son who	completed caus	e of death (Item	23a) (Type,	Print)						
			STEPHEN STA		us &	300 C	DCDA	2 MTE	DR C	swoo.	UKR (40	20785	
	Sta		31. Date filed (Month, Dey, Y		32 R	egistrar's Signat	ture	,					1200	
	Registr	ar	NOV 01	195	b gul	- or European	rtardall							

DHMH 16 Rev 6/95

VIA-18 31 1 1-1-15 When I have to be to be

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours that death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MADY AND / DEPARTMENT OF BEATTH AND MENTAL HOOSENE

	1 - STATE REGISTRAR	SIMIL OF I	CE		ICATI				MENIAL TIL	IIENI i. NO.	5		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA				3. TIME OF DEATH
	Ruth		E		Re	dden			Octobe	r 2	Š, 1	996	2:55 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	-	IF UNDER		7. DATE OF BIRT (Month, Day, Y	ГH			PLACE (State or Foreign
	069-09-8547	1 □ M 2XXF	96	YRS.	MONTHS	DAYS	HOURS	MIN.	October 4		900		, New York
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE				INTY OF D	
DIRECTOR	Randolph Hills Nu	irsing Ca	enter		1	Whea	ton			-	Mon	tgome	ery County
디	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			10c CI	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
E		omery Cou	ın #37		eato		ION						LIMITS?
	10e. STREET AND NUMBER	mery co	uncy	AAII	eato		ZIP COD	E			100 01	TIZEN OF V	1 YES 2 X NO
FUNERAL	12906 Moray Road						2090				10		tates of Americ
Ž	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13.	WAS DEC			NIC ORIGIN? (Spec	Ify Yes			- American Indian,
B	1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2XXN	0		If yea, spe		n, Maxica	in, Puarto Rican, e			Speci	c, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION (Completed)			USUAL O				16b. KIND (OF BUS	INESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT	ise retired.)	during mo.	St Ur WORD	rg					
MPL	9		Но	omem	aker				70	m l	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT		ME (First, Middle, I	Vaiden	Surname)		
BE	John Gatley								y Corts				
2	19a. INFORMANT'S NAME (Type/Print) Jean LePine (Da								Route Number, City				206
,	20e. METHOD OF DISPOSITION	aughter)						, wn	eaton, N	-			
	1 X Burial 2 Cremation 3 Ramo	ovel from State	20b. PLACE A cemetery, cree ROT				me of		October			- City or To	1030
	21. SIGNATULE OF FUNERAL SERVICE LIC	ENSEE #MOO		ne C			ID ADDRE	SS OF FA	29,1996	R	ome,	New	York
		100			Nı	unn a	and l	Harp	er Funer				
	Nousicin	7	200										New York
	23. PART i. Enfer the diseases, or c shock, or heart fallura.				not enter	r the mo	de of dy	ing, suc	h as cardiac or	respi	ratory e	rrest,	Approximate interval Between
	shock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. CHUER ML TYPNO WROSIS AUE TO (OR AS A CONSEQUENCE OF): CHUERKIL MAFNLO SCIENG (1) 30												
	l data,	AUE TO	OR AS A CONSEC	DUENCE (OF):	n	W.	0	I M M M	01	0		201/40
Z	Sequentially list conditions,					X	Me	1)6	LEM	1 4			20 AKA
AT	If any, leading to immediate cause, Enter UNDERLYING	DUE TO	OR AS A CONSEC	QUENCE (OF):								
CERTIFICATION	CAUSE (Disease or injury	c. DUE TO	OR AS A CONSEC	DUENCE ()F):			-					
Ē	that initiated avents resulting in death) LAST				. ,								
CE		3											1
AL	PART ii. Other significant condition		death but not r							ERFOR	AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	060000			4 7	-	WY A	a No	~ L	Sept 10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME	- 08050 XK			- 00	o cis	214	PPG	/CT	3/	-	1		1 TES 2 NO
ä	DID TOBACCO USE CONTI	RIBUTE TO CA			ES 🗆		UNC	ERTAI	N 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE								
IYS	1 YES NO	1 Inpatient 2	ER/Outpatient 3		4 Nu	rsing Hom		aaldanca	8 Other (Speci				
	Natural 5 Pending		Day, Year)	28b. Ti	JURY M		PRK?	∃ мо	2ad. DEŞCRIBE	HOW	NJUHY O	CCOMED	
В	2 Accident investigation 3 Suicide A Could not be	28e, PLACE I	DF INJURY — At ho	me, ferm.	street, fee			_ 140	28f. LOCATION	Street :	and Numb	er or Rumi i	Boute Number
COMPLETED	4 Homicide determined		, atc. (Specify)						City or Town	, State)	no nome	or or moral r	rodio rodrisor,
PL		CIAN: To the beat o	of my knowladge, de	ath occur	red at the	time, date	end plece	, and due	to the cause(a) a	nd mai	ner aa at	ated,	
SO	one) 2 MEDICAL EXAMINE	R: On the besis of	examination and/or i	Investigat	lon, In my	opinion, d	leath occu	red at the	fime, data and pi	ace, an	d dua to	the cause(i	s) end mannar as stated.
Щ	296. SIGNATURE AND THE OF CERTIFIES	Osby. Ve	Duch	MI	410	0.00	29c. 🛶	ENSE NU	MBER / 5		29d. DA	TE SIENE	(youth, Day, Year)
TO B	Marie Ja	Some?	Tall	Ph	7514	INN	L	10	2012		>/	0/2	3/36
-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAL	SE OF DEATH (ITE	M 27) (Typ	SU	01	CIE	ONE	it we	K	NA	50 3	20902
	31. DATE FILED (Month, Day Year) 8 19	95 32. REGISTA	AR'S AGNATURE	Rand	all					-/			

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q

						Certificate	of Death		Reg. No.	0	04414				
- 1	Physici	an	1. Decedant's Name (First, Middle,	Last)				2. Data of D Month		Year	3. Tima of Death				
	/Medi		Horace Linco	Ln Royal				10/	27	96	1.30A)				
	Examir		4a. Facility Name (If not institution,	giva street and numbe	7)		4b. City, Town, o	r Location of Dea	th 4c. County	of Death					
			2410 Owens Rd.				0xxon		P.G.						
	Funeral			1 M M 2 □ F	ge (In yrs. lasi	birthday) If Undar 1 Yrs. Months [Yaar If Undar 24 H Days Hours Mi	n. (Month, L	irth lay, Year)	9. Birthp	itry)				
	Director		265-24-8064 Usual Residence of Decedent		70	113.		10/0	4/26		Florida				
	land		10a. State 10b. County		10c. City, T	own or Location				1	0d. Inside City Limits				
	Mary Feb	to	Md P.G.		0xx0	n Hill					1 X Yes 2 □ No				
	with the Marylan a or 28s-f show be notified at	Director	10e. Street and Number			10f. Zip C	ode		10g. Citizan of 1	27 96					
	3a o		2410 Owens Rd			20	0745		II S						
	items 2	Funeral	11. Marital Status	12. Was Deceden	t Ever in U,S.		nt of Hispanic Origin? Cuban, Mexican, Pue	(Specify Yes or N							
020	# PE	þ	1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed Forcas 1 1 Yes 2 If Yes, Give Year or Dates] No		No Specify:	erto Hican, atc.)			_				
5-0	72 hours "natural",	Completed	15. Decedent's	Education	1	6a. Decedent's Usual (Occupation	ndrina	16b. Kind of B	usiness/inc	dustry				
2	C - 0	nple	Elementary/Secondary (0-12)	Coilege (1-4o	5+)	life. DO NOT use	done during most of w retired)	OIKING							
2	filed within Hygiana. other than "	S	12			Cook			Govern	ment					
pu	be filed d othe event,	Be	17. Fathar's Name (First, Middle, L							na)					
Σ	should be nd Mental marked o	ဥ	Julius Royal Sr	•			Sophia	Bailey	Royal						
, Maryland 21215-0020	d P		19a. Informant's Name/Relationsh Constance Roya								Code)				
Baltimore,	of He		20a. Method of Disposition	Demousifron State	com	e of Disposition (Name etery, crematory or other	of or place)	Date	20c. Location -	City or To	own, State				
E	permit. Pages Department of Important: If It any Injury or gates.					enham Nati	ona1	11/1/96	Chelter	nhem.	Md				
alt	permit. Pa Departmen Important: any Injury price.		21. Sinature of Funeral Service I	Method of Disposition 1 Date 20c. Location - City or Town, State 20c. Location - C											
Ш	80119		XUHOV AV	he,					ome Inc.						
	100		Part 1. Entar the disease, or o	omplications that cause	ed the death. I	Do not enter tha moda of	of dying, such as card	ac or raspiratory	arrest,	T	Approximate				
	Physician	10	Shook, of Head failule. Else	ny ope cause on each	mio.						Onsat and Death				
Å	/Medical		Immediate Causa (Final disaasa or condition	Baun	moin 1	CAR CARE	home we t	to Sim	160000		2 varas				
1	Examiner		resulting in death)	0-0	Dua to (or as	a consequenca of):	William 1	a con	myas	1	Jews)				
	₽ #	nei		- 5											
	requires that tha death certificata be axecuted een signed by the attending physician and hould be datached for use as the burial-transit	Examiner	Sequentially list conditions,	0.	Dua to (or as	a consequence of):									
80,	cian a	E	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	6						1					
68760,	cata l	Medical	that initiated events resulting in death) Last		Due to (or as	a consequance of):									
	n certific anding p	Me		d						i					
Box	aath cer attendir for usa	Physician/													
P.O.	es that tha da igned by tha a be datached f	ıysı	Part II. Other significant condition	contributing to death	but not resultir	g in the underlying cau	se given in Part I.								
	that ded b			·				_ 1L	Specify: Black 16b. Kind of Business/Industry Government Cla. Maiden Sumama) Royal Imber, City or Town, State, Zip Code) Md 20745 20c. Location - City or Town, State Of Cheltenham, Md Home Inc. Interval Between Onsat and Death Onsat and Death Approximate Interval Between Onsat and Death Onsat and Death 20d tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Vas an autopsy enformed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yas 2 No 1 Yas 2 No						
Division of Vital Records,	uires na sign	d by						24a. Wa	s an autopsy	24b. W	ere autopsy findings				
Ö	200	lete						per	formed?	co	mpletion of cause				
Re	Tha law ata has b page 2 s	Completed													
. 40	F to a		OF Man anno referred to medical						. 1	11	JYas 2∐No				
Ξ		Be C	25. Was case referred to medical examinar?	Hospital:			Othor	eath (Check only		1000000					
ō		٦.	1 ☐ Yas 22 No 27. Mannar of Death	1 L Inpai		Outpatient 3☐ DOA b. Time of 28c	4 U Nursing				у)				
on	ding F h. After funer	洁	1 Natural 5 Pending 2 Accident Investiga	28a. Date of In (Month, D	ay Year)	Injury M	. Injury at Work? 1 ☐ Yes 2 ☐ No		,-,						
S	i or Attending after death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could no	t be Dines of the	niury - At home	, farm, street, factory, o		28f. Location	(Street and Numb	per or Rura	al Route Number.				
Š		ert	4 Homicide	building, e	tc. (Specity)	,,,,,		City or T	own, Stata)						
1	Hospital 24 hours Funeral staly filled	2 0	29a. Certifier 1 Certifying	Physician: To the bes	of my knowle	dga, daath occurred at	tha tima, data and pla	ce, and dua to th	a cause(s) and ma	annar as s	tatad.				
2)	Ho Ho Fu	edical	(Check only 2 Medical E	caminer: On the basis and manner s	of axamination tated.	and/or investigation, in	my opinion, daath oc	curred at the time	, data and place,	and dua to	tha cause(s)				
U	To the Hospital or within 24 hours after To the Funeral Director completaly filled in	M	29b. Signatura and title of certifier			29c. L	Icense number 7	ル .	29d. Data signe	d (Month,	Day, Year)				
1	6		704	Man	Jo		4D Dan	18636	10-	28-	96				
	M	ŀ	30. Name and address of person w	no completed cause of	daath (item 23	la) (Type, Print)	1.5 0000	1000-0	, ,	(0	-				
X	/1/					ews Airfor	oo Paga G	Suitland	Marvilan	4					
	Sta	te	31. Data filed (Month, Day, Year)	32. Regis	trar's Signature		ce base,	ULLIBIIU	TITTATAU	1					
	Registr	600	OCT 2 9 1	396 Fallin	Studen	Kardall									
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State of Maryland / Department of Health and Mental Hygiene

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d	V			Sec.	- /	\mathbf{U}

						Ce	rtificat	e of	Death		Reg. No.	0	1 1
W. 20	_	1. Decedent's Nam	e (First, Middle, L	ast)						2. Dete of De	eth	us.	3. Time of Death
Physiciar /Medica	-	ROSE T	HERESE F	AYMOND						OCTOB	ER 30.1	996	b. LPM
Examine	-	4a. Fecility Neme (i	If not institution, g	ive street end num	nber)				4b. City, Town, or	Location of Death	4c. County	y of Death	
		RING H	OUSE						ROCKV	ILLE	MO	NTGOM	ERY
Funeral Director		5. Sociel Security N 178 20 0		Sex 1 □ M 2/2 F	7. Age (In <i>yrs</i> 8 7	. <i>last birthd</i> e <i>y,</i> Yrs.	If Under Months	1 Yeer Deys			_	9. Birthpi Count	ace (State or Foreign fry) SYLVANIA
g .		Usuel Residence of			10.0		12.						
the Maryland 28s-f show notified at		10e. Stete	10b. County		10c. C	ity, Town or L						10	Od. inside City Limits
or 28a-f s	2	MD		GOMERY		ROCK	VILLE	C					1 □ Yes 2 □ No
the n	5	10e. Street and Nu					10f. Zlp	Code			10g. Citizen of	What Count	try?
ms 23a must b	2	1801 E	. JEFFEF	SON ST.							US		
ar, or ite	2	11. Maritel Stetus 1 Never Marr 3 Widowed	ied 2 Merried 4 Divorced	12. Wes Dece Armed For 1 Tes If Yes, Giv Yeer or Da	ces? 2 No		If Yes, spec	cify Cut	Hispanic Origin? (Spen, Mexican, Puer Specify:	Spacify Yes or No- to Rican, etc.)		ce - America ck, White, e	
netur fical	Completed	/Sner	15. Decedent's I	Education			dent's Usue		petion during most of wo	delna	16b. Kind of B	susiness/Ind	lustry
the Med	9	Eiementery/Seco		College (1	-4or 5+)	life.	DO NOT us	se <i>retir</i> e	ed)	rking			
printers of the control of the contr	5	8					HOME	MAK	ER		OW	N HOM	E
d other d other event, I		17. Fether's Neme	(First, Middle, Las	t)					18. Mother's Na	me (First, Middle,	Meiden Surner	me)	
marked marked matic ev		VINCEN	T MILITO)					CLAI	RA FALSE	TTI		
and share		19e. Informent's Ne	eme/Reletionship	(Type, Print)		19b. Melli	ing Address	(Stree	t end Number or Ri	ural Route Numbe	er, City or Town	, Stete, Zip	Code)
If Health Item 27 other tr		MICHAE	L CHARAF	P, SON-I	N-LAW	765	POTOM	IAC	RIVER RD	. McCLE	AN, VA	22102	
		20e. Method of Disp		☐Removel from S		Pleca of Disponentery, cre	osition (Ner metory or o	ne of ther ple	ace)	Dete	20c. Location	- City or To	wn, Stete
artment or ortunt: If injury or		4 Donetion	5 Other (Spec	⊔Hemove⊨trom 3 <i>ify)</i>	ctate	REENWO	OD ME	MOR	IAL PARK	11/02	LOWER	BURR	EL. PA
Departi Departi Importu any inji		21. Signature of Fu	meral Service Lice						ess of Fecility FUNERAL I	HOMES, I	NC.		
	4	23a. Pert1. Enter the shock, or hea	2	DANI	EL SIM	ONS			IA, VA 2:				Approximete
sing physician and as the burletransit	Modical	Sequentially list co if eny, leading to in cause. Enter Unde Cause (Disesse or that initiated events resulting in death) i		or as a conse	tic	lear riord	t D	iseas	e	10 years			
ins law requires that the death ce lite has been signed by the attendi page 2 should be deteched for use completed by Physician/	- Can			· · · · · · · · · · · · · · · · · · ·									
gned by the attend be deteched for us by Physician		Pert II. Other signif	icant conditions	contributing to de	ath but not res	sulting In the u	inderlying c	ause g	iven in Pert i.	23b. Did 1			the causs of death? ebly 4 Unknown
sate has been signe, page 2 should be of	piered by	X								24e. Wes parfo	en eutopsy med?	ava con	ore eutopsy findings ulleble prior to npletion of cause deeth?
ate hes	5									101	res 200 No	1 🗆	Yes 2□ No
- I C		25. Wes case refer	red to medical						26. Place of De	eth (Check only o	nne)		111111111
nis certific il director, To Be	5	examiner?	No	Hospitei:	patient 2	ER/Outpatie	nt 3 DC	OA Ot	hor:	lome 5 PResid		her (Specify	1)
erali in		27. Manner of Deet		-	f Injury n, Dey Year)	28b. Time o		8c. Inju		28d. Describe			,
r death. ector: After by the funer Iffication		1 Metural 2 ☐ Accident	5 Pending Investigation		i, Dey Year)	Injury	М		Yes 2□No				
1 2 g & c		3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could not determine	289. PIECE	of Injury - At h g, etc. <i>(Speci</i>	nome, ferm, st	reet, factory	, office		28f. Location (S City or Tox	Street end Num vn, Stete)	ber or Rural	Route Number,
To the Hospital within 24 hours a To the Funeral C completely filled Medical Ce	2	29e. Certifier (Check only	1 Certifying P 2 Medicai Exa	hysicien: To the I	est of my kno	owledge, deet	h occurred vestigetion.	et the ti	ime, date end plece opinion, deeth occu	a, and due to the	cause(s) and m	enner es st	ated. the cause(s)
Vithin 24 hose within 24 hose for the Function points of the Medics		one)	/	and mann	er steted.						-		
2 0 0 5		29b, Signature and	fittle of certifier	14/	X		290	Licen	se number	/	29d. Dete signe	ed (Month, L	Jay, Year)
			enry r	vous 10	ν		_	リ	04744	0	W/80	1/9K	7
		30. Name and addr	ess of person who	completed cause	of death (Ite	m 23a) (Type,	Print)	_		D	111	111	
		HENRY	ROTH, A	18	1801	EAST	JET	FFE	eson st	Koc	Rville	MD	
State		31. Dete filed (Moni	th, Day, Year)	32. Re	gistrer's Sign	eture							

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month 42 ROBINSON **JOHNSON** PATRICK 14 96 11 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death MAMBRIDGE DORCHESTER DORCHESTER GENERAL HOSPITAL If Under 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Security Number 217–16–9995 If Undar 1 Year 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 1981 M 2□ F Months Deys 79 Maryland Usual Rasidance of Decedant 10h County 10c. City, Town or Location 10d. Inside City Limits Dorchester Cambridge TENAS 2 No 10g. Citizan of What Country? 10e. Street end Number 10f. Zip Coda 520 Glenburn Ave. 21613 12. Wes Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) Rece - Amarlcan Indian, Black, Whita, etc. 11 Marital Status 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Detes: 1 □ Nevar Merried 2 □ Married 1 ☐ Yas 2 No Specify: Specify: 3≅Widowed 4 ☐ Divorced white 15. Decedant's Education (Specify only highast grada complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) self employed waterman 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Bramble E. Robinson Lula 19a. Intormant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Numbar, City or Town, Stete, Zip Code) 100 Sunburst Highway, Cambridge MD 21613 Mrs. Joan Paul - daughter 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Cremetion 3 Ramoval from Steta Dorchester Memorial Park 11-6 4 ☐ Donation 5 ☐ Othar (Specify) CAmbridge Maryland 21. Signature of Funaral Sarvice Licenses 22. Nama and Address of Fecility Thomas Funeral Home PA 700 Locust St. Cambridge MD 21613 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dylng, such es cardiec or respiratory arrest, shock, or heert teilure. List only one cause on each line. Approximata Interval Batween Onsat and Death

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Director

Funeral

þ

Completed

Be

2

MD

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Expressor rough be notified at

permit. Pages 1 end 2 should be filed within 72 hours efter of Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or fler any injury or other traumatic event, the Medical Exercises.

Baltimore, Maryland 21215-0020

deeth with the Marylend

To the Mospital or Attending Physician: The law requires that the deeth certificate be executed within £2 k hours elect death.

To the Funeral Director. After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit

Division of Vital Records, P.O. Box 68760.

	immediate Ceusa (Final disaasa or condition rasulting in deeth)	Respire	etory	Failure		3 week
er	rasuking in death)	Due to (or as e consequance o	1):		
Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying	b. Dua to (or as a consequance of	i):		1.5
Medical	Causa (Diseese or Injury that initiated evants rasulting In death) Lest	Dua to (d	or as a consequence of):		
Physician/Medical	Part II. Other significant conditions cor	ntributing to death but not res	sulting In the undarlying	causa givan in Part I.		tribute to the cause of death?
Completed by					24a. Was an autopsy performed?	24b. Wera autopsy tindings available prior to completion of cause of death?
Be Co	25. Was casa referred to medical			26 Place of D	1 ☐ Yas 2 No	1 🗆 Yas 2 🗷 No
To B	axaminer? 1 ☐ Yes 2 XNo	Hospital: 1 Inpatient 2	ER/Outpatient 3□ 0	Othor	Homa 5 ☐ Residence 8 ☐ Othe	er (Specify)
	27. Mannar of Death 1. Netural 5 Pending 2 Accidant Invastigation	28a. Data of injury (Month, Day Year)	28b. Tima ot Injury M	28c. Injury at Work? 1 □ Yas 2 □ No	28d. Describe how injury occurre	ed
Certification:	3 Suicide 6 Could not be detarmined	28a. Place of Injury - At h building, atc. (Speci	oma, ferm, straat, tactory)	ory, offica	28f. Location (Street and Number City or Town, Stete)	er or Rural Route Number,
edical (29a. Cartifier the Certifying Physical Cartifier (Check only one) 2 Medical Examination	aiclan: To tha best of my kno ner: On tha basis of examine and mannar stated.	owladge, daath occurra ation end/or Invastigation	d et tha tima, data end plac on, in my opinion, daath occ	ce, end due to the ceuse(s) and mer curred at the time, data and plece, a	nner es steted. and due to tha ceuse(s)
ž	29b. Signature and title of certifier	0	2	9c. Licensa number	29d. Data signed	(Month, Day, Year)

043238 11/2/96

State Registrar

19 Franklin X. Cambridge MD 21613 32. Registrar's Signatura

30. Nema and address of person who completed cause of deeth (Item 23e) (Type, Print)

William 31. Date tiled (Month, Dey, Yeer)

NOV - 6

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

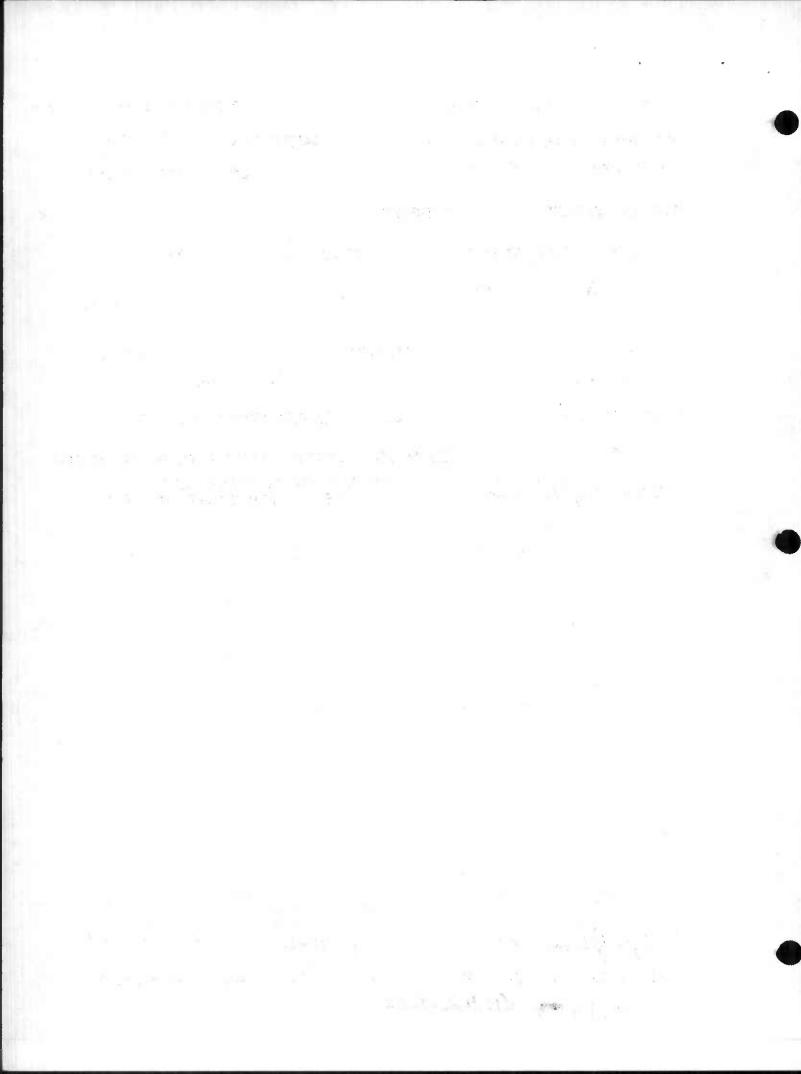
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	Physic /Medi		DAW THA	AN SHWE				2. Date of Deat Month NOVEMBE	R 7, 19	996	3. Time of Death 5:30 P.M.
И	Examlı	ner	4e. Facility Name (If not institution, give s				4b. City, Town, or		4c. County		,
	Funeral Director		220-00-0302		rs. lest birthday) Yrs.	If Under 1 Year Months Days	GAITHERS If Under 24 Hrs Hours Min.		Year)	9. Birthplac Country, BURM	e (State or Foreign
	Maryland -f ahow	tor	Usuel Residence of Decedent 10a. State 10b. County MARYLAND MONTGOMER		City, Town or Lo					10d.	Inside City Limits 1 ☐ Yes 2 No
	or 28g	Jirec	10e. Street and Number			10f. Zip Code		1	0g. Citizen of \	Whet Country	?
	23a viet b	rai	8240 HAWKINS CREA	MERY ROAD		20882			BURMA		
020	be filed within 72 hours efter death with the Maryland nat Hygiene. Id other than "netural", or itams 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	 2. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: 		Vas Decadent of I f Yes, spacify Cub I □ Yes 2 No	lispanIc Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)		e - American ck, White, etc	
1215-0	vithin 72 ho ne. han "netur	Be Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondery (0-12)	cation com <i>pleted)</i> College (1-4or 5+)	(Give		etion during most of world)	king	16b. Kind of Bi		
Maryland 21215-0020	should be filed within and Mental Hygiene. s marked other than " umetic event, the Ma	To Be Col	17. Father's Name (First, Middle, Lest) U PO KAN	U	HOME	MAKER	18. Mother's Nar	ne (First, Middle, M	Aalden Surnem	I_HOME_	m
	alth er 27 is		19e. Informant's Name/Relationship (Typu U. HLA WIN, SON	oe, Print)				vrai Route Number, VILLE, MI			de)
altimore,	2 2 2 0		20a. Method of Disposition 1 ☐ Burial 2 ★ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	amoval from State		sition (Neme of netary or other plea TAN CREM			20c. Location -		
Ball	Depenting Dependent Importarian any injure		21. Signature of Funeral Service I canse	. Barke	27 P.	Ware and Addre URIEL H. O. BOX 5	SS OF FACILITY BARBER 038, LAY	FUNERAL I	HOME	20882	
3	Physiclan		23a. Part1. Enter the disease, or complic shock, or heart failure. List only on		eath. Do not ente	er the mode of dyir	ng, such as cardiad	or respiratory arre		Ap	pproximate tervel Between nset end Deeth
	/Medical Examiner	16	Immediate Cause (Final disease or condition resulting in deeth) a.	Hypertensi	o (or as a conseq		er Disea	se	-	7	leas
68760,	The lew requires that the death certificate be executed ite has been signed by the ettending physician and page 2 should be deteched for use as the buriel-transit	ledical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last		(or as e consequence of as e consequence)						
gox	th cer tendin	an	d.		<u> </u>					1	
	the et hed fo	/sici	Pert II. Other significant conditions cont	ributing to death but not r	esulting In the ur	derlying cause giv	en in Part I.	23b. Dld to	becco use co	ntribute to th	e cause of deeth?
ds, P.O.	v requires that the death certif been signed by the ettending should be deteched for use e	d by Ph	,	rilure with	Left u	entricular	hypertropl	1	2 No		ly 4 Unknown
Vital Records,	e lew requ hes been ge 2 shoul	Completed by Physician/M	Renal insufficiency Cardiac Arrhyth					24a. Was ar perform	ned?	avallal compl of dea	
<u>ra</u>		Be Co	25. Was case referred to medical	nmi Ks			Of Disease Des	1 ☐ Ye		1 🗆 Y	es 2 No
	ysician: is certific director,	To B	examiner?	ospital:	☐ ER/Outpetien	3□ DOA Oth			nce 6 Oth	er (Specify)	
DIVISION OF	nding Phys ath. :: After this e funeral di		27. Mentier of Death 1 Netural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Dey Year)	28b. Time of injury	28c. Injur Wor M 1		28d. Describe ho			
DIVIS	tal or Attans of Standards of S	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	home, farm, stre	et, fectory, office		28f. Location (Str. City or Town		er or Rural Ro	oute Number,
	To the Hospital or Attanding Physician: In thin 24 hours effected and. To the Funeral Director After this certific completely filled in by the funeral director,	edicai	one) 2 Medical Examine	clen: To the best of my ki er: On the basis of examinand menner stated.	nowledge, deeth nation and/or inv	estigation, in my o	pinion, death occu	rred at the time, da	ite and place,	and due to the	e cause(s)
	To Too	×	29b. Signeture end title of certifier By 0.				3042	NO	VEMBER	8,1996	
			30. Name and eddress of person who cord by RL D. JOHNSON	mp. 91)	em 23a) (Type, F Lussel	Print) Avenue	6 a ther	sburg, m.	ryland	20879	

Registrar

State

31. Date filed (Month, Dey, Year)
NOV 1 5 1996

32 Figure 1 Separative Solution Reveal



MT.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

3. Time of Deeth

9. Birthpiece (State or Foreign Country) Maryland

NOVEMBER 06,1996

Approximete Interval Between Onset and Deeth

22. Name end Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735

10d. Inside City Limits 1 Yes ZNO

11:01 AM

ITEMS: 23 PART I. 27. PER MED FILM Ctot 34278

G-741 11/1	Decedent's Neme (First, Middle	I ast)		Cert	ificate o	f Death	2. Dete of D	Reg. No.		3. Time of De	
Physician /Medical	WILLIAM	CARROLL		SEE	KFORD		NOV.	_	1996	11:01	
Examiner	4e. Fecility Neme (If not institution, SOUTHERN MAR	-				4b. City, Town, CLINTO	or Location of Dec	PRI	nty of Deeth	SEORGES	
Funeral Director	5. Sociel Security Number 217 64 9495	6. Sex 7. Age	e (In yrs. lest i		If Under 1 Yea Months Dey		in. Nov 1	inth Day, Year) 1, 1954	9. Birth	piece (State or Fi ntp) /Land	
9	Usuel Residence of Decedent										
vith the Maryland or 28a-f show to nor fred at Director	10e. Stete 10b. County Maryland Prin	nce Geroge's	10c. City, To		lboro					10d. Inside City L	
or 28	10e. Street end Number				10f. Zip Code			10g. Citizen o	of Whet Cou	ntry?	
th with wind and all controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are control are controls are controls are controls are controls are contro	15201 Candy F	Hill Road			2077	2		United	State	es	
72 hours efter death with the Maryland natural; or items 23a or 28a-f show sidal Examinet must be notified at etch by Funeral Director	3 ☐ Widowed 4 ☐ Divorced Yeer or Detes:								14. Rece - American Indian, Black, White, etc. Specify: White		
72 h	15. Decedent's (Specify only highest		16	ie. Decede (Give ki	nt's Usuai Occi	upation e during most of w	vorkina	16b. Kind of	Business/In	dustry	
led within 72 ho tygiena. Nor than "natur. It, tre Medical Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Mechanic						3	P.G.	School	l Board	
tal Hygi d other avent, t	17. Fether's Name (First, Middle, L	18. Mother's N	eme (First, Midd			Doula					
Mental Mental arked o	Isaac W. Seeki	ord				Elle	en Virgi	nia Sas	scer		
nd 2 shou alth and N 27 is mar r traumal	19e. Informent's Neme/Relationsh Deborah A. Seel		et end Number or Hill Roa	ad, Uppe							
ages - a ont of Hea t: if item y or othe	20a. Method of Disposition	B □ Removel from Stete			ion (Neme of tory or other pi			20c. Locatio			
artme ortan injur	4 Donetion 5 Other (Sp. 21. Signeture of Funeral Service Li		TTTIT		ty Episcopal Ch Cemetery Upper Marlboro, Mo 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old						
any any	21. Signeture of Furieral Service El	90-0				ress of Fecility Lic					

23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart failure. List only one cause on each line

CORONARY ARTERY THROMBOSIS

Due to (or es e consequence of):

Due to (or es e consequence of):

Due to (or es e consequence of):

Physician /Medical

Examiner The law requires that the death certificate be executed physician and s the burial-transit

USe as

signed by the at d be detached for

director, pege 2 should.

certificata

After this

To the Hospital or Attending Physi within 24 hours efter death.
To the Funeral Director: After this completely filled in by the funeral dir

Completed

Be

Certification: To

Medical

30.

P.O. Box 68760.

Records.

Division of Vital Hospital or Attending Physicien: Examiner Physician/Medical þ

Immediate Ceuse (Finel

disease or condition resulting in deeth) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Last

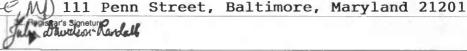
Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 2 - No 2 No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) 15 Yes 2□ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 1 X Naturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, Oity or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29e. Certifier 29b. re end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer)

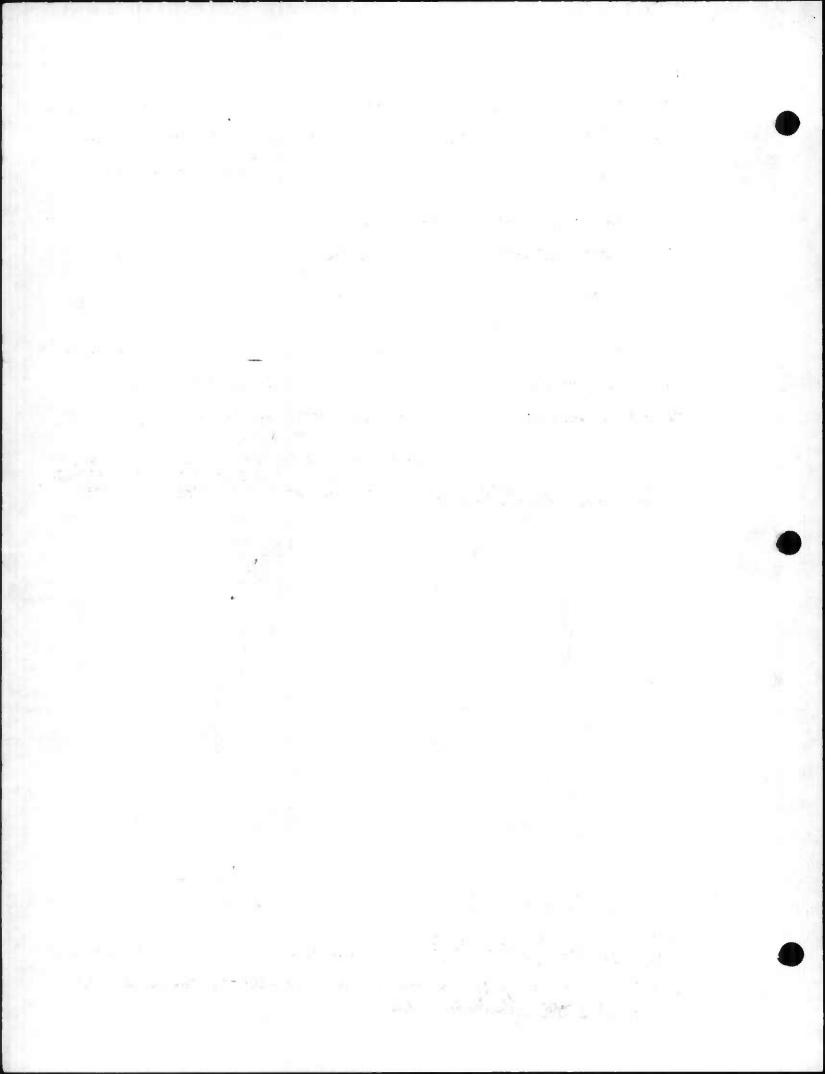
O.C.M.E.

State Registrar

31. Dete filed (Month, Dey, Year) NOV 1 5



of deeth (Item 23e) (Type, Print)



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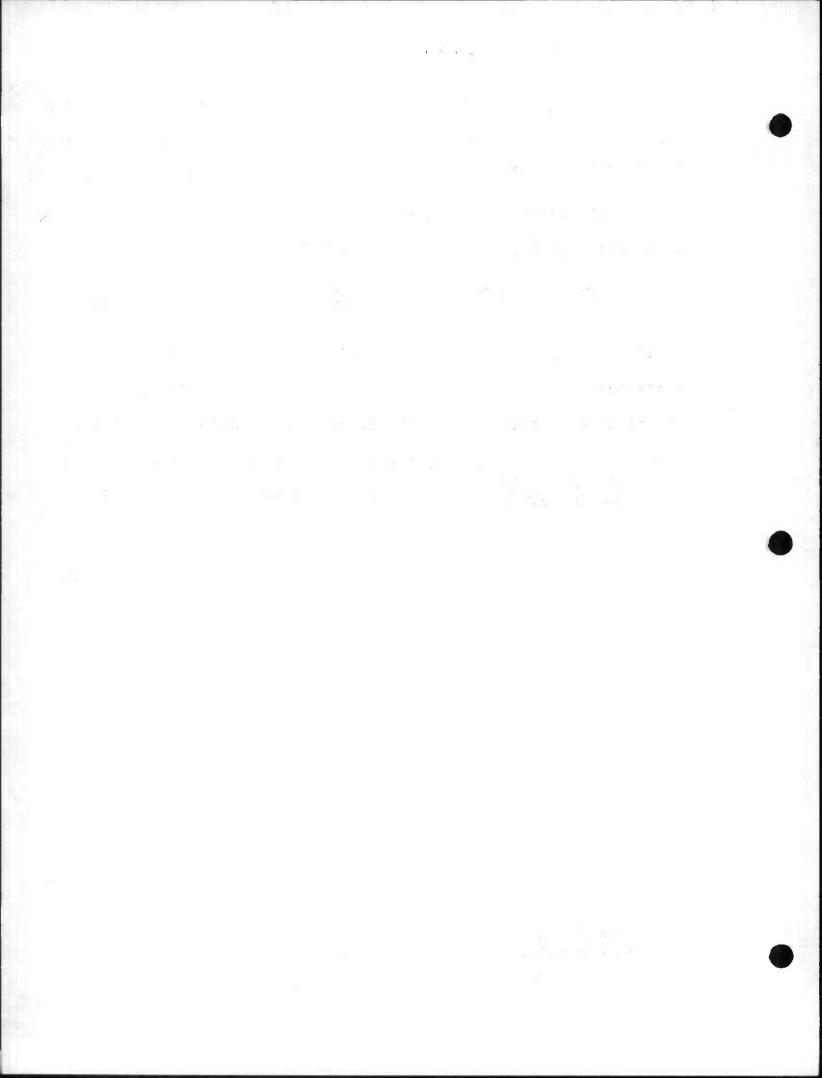
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						Certifica				Reg. No.		0 1 50 1 0		
П	Physic	ian	Decedent's Neme (First, Middle, Las						2. Dete of De Month	ath Day	Yeer	3. Time of Deeth		
	/Medi		Francis		uderi	L				er 1,199		7:10AM		
7	Exami	ner	4a. Fecility Neme (If not institution, give Southern Maryland					4b. City, Town, or L Clinton	ocation of Deeti	4c. County		rge's		
	Funeral Director		5. Social Security Number 6. Social Security Number 6. Social Security Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ex 7. Age (In y		hday) If Und Month	ler 1 Yeer s Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De Februa	th y, Year) Ly I1,19	9. Birthp Coun	lace (Stete or Foreig to) NEW York		
	Marylend of show	tor	10a. Stete 10b. County Maryland Prince G		City, Towr	or Location					1	0d. Inside City Limits		
	th with the 23a or 28a	Funeral Director	10e. Street end Number Bra 7520 Surratts Ro	dford Oaks N oad	lursir	ng Home		735		10g. Citizen of V	What Coun	try?		
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "naturaf" or items 23a or 28a-f show any Injury or other traumatic event, the Modical Examined must be incitiled at once.		11. Meritei Stetus 1 Never Merried 2 Merried XXWidowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	ı U,S.		edent of I becify Cub 2[XNo	Ilspenic Origin? (Sp an, Mexican, Puerto Specify:	ecity Yes or No Ricen, etc.)	- 14. Red Blee Specify	e - Americ ck, White, v: Wh:	etc.		
15-("natu	Completed by	15. Decedent's Ed (Specify only highest grad	ucation de com <i>pleted)</i>	16e.	Decedent's Us (Give kind of v	vork done	petion during most of work d)	ing	16b. Kind of B				
212	filed withi Hygiene. other than	omo	Elementary/Secondary (0-12)	College (1-4or 5+) N/A	1	Builder				Constru	_			
Maryland	tel Hy d other	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Nem			ne)			
7	should be ind Mentel i marked o umatic eva	To	Vincent Scude 19e. Informent's Neme/Reletionship (7)		10h	Mailing Address	es /Stract	Mary and Number or Rui	LaCast		Chata Zin	Code		
	1 and 2 sho Heelth end om 27 is m		Carol Lodowski (I	DAUGHTER)	500	0 OakSh	ade (Court, Mi						
Baltimore,	permit. Pages 1. Depertment of He Important: If Item any Injury or oth		20e. Method of Disposition 1 ★ urial 2 □ Cremetlon 3 □ 4 □ Donetlon 5 □ Other (Specify			Disposition (A y, crematory of CECTION	Ceme	etery 199		20c. Location -	ı, Ma	ryland		
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	death he ette ed for	Physician/M	Pert II. Other algnificant conditions co	entributing to death but not	resulting in	the underlying	cause gi	ven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death		
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ž	The lay	Com							10	Yes 2 No	10	YES / A No		
/Ita	ysician: The last certificate he director, page	Be (25. Wes case referred to medical examiner?					26. Plece of Deel	h (Check only o	one)				
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			MA	-1/	Λ.		D-	-1854	S	vov.	1,	1996		
			30. Name and address of person who o			Type, Print)								
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State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate	e of	Death		F	lea. No.			
			1. Dacedant's Name (First, Middle, Las	st)							2. Deta of Dea	th		3. Tim	ne of Death
	Physic		Virginia M	ARY STIE	HL	,					Month	Dey 27	96	2	345
	/Medi Examir		4a. Fecility Name (If not Institution, give	717.1					4b. City, Tov	wn, or Lo	cation of Death		ty of Death		
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L	Director			□M 274 F 80			Months	Deys		Min.	1-14-	1 6	Cour	NJ	ete or Foreign
	and and		10e. Stete 10b. County	10c. Ci	y, Town	or Loca	ation				_		1	Od. Insid	le City Limits
	he Mary 28a-1 sh	Director	MD. WORCES	TER I	BERL	IN						_		10	Yas No
	s i end 2 should be filed within 72 hours after death with the Maryland I Health end Mental Hygiene. If leath end Mental Hygiene. Item 27 is marked other than "natural; or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	ral Dire	39 BEACON HILL	RD.			10f. Zip (218	311			Og. Citizen of	JSA	ntry?	
	ep	Funeral	11. Marital Status	12. Was Decedant Evar In U Armed Forcas?	,S.	13. W	es Decede Yas, speci	ent of I	Hispanic Original	gin? (Spe	cify Yas or No- Rican, atc.)	14. Re	eca - Amaric		n,
21215-0020	urs afte	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes No If Yas, Give Yeer or Detes:		_	□Yes 2		Specify:	, , , , , , , , , , , , , , , , , , , ,			wHIT		
5-0	72 ho	Completed	15. Decedent's Ed	ucetion	16a.	Decede	nt's Usuel	Occu	pation	and comments		16b. Kind of I	Business/In-	dustry	
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2	d wil	5	12			OME	EMAK	ER				Own	HOME		
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	1 end 2 Health e em 27 is		FREDERICK F. ST	TIEHL	31	16	OCE	A N	PINE	S	BERLIA	v. Mn.	. 21	811	
altimore,	permit. Pages 1 end Department of Health Important: If Item 27 any injury or other tr once.		20e. Method of Disposition	20b. F	lece of	Disposit	tion (Nem	e of			Date	20c. Location			е
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B	Departr Importa any inju		11 MM & 1	llux					FUNE	•	HOME	BERLI	N, M	D.,	21811
			23a. Part 1. Enter the disease, or comp	dications thet caused the deat	h. Do n	ot enter	the mode	of dyi	ng, such as	cardiac o	r respiretory arr	est,		Approxi	mate Between
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М	Examiner		resulting in death)	e. Renal fo	resec	onseque	enca ot):						-		
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	icate be executed physician end s the burief-transit	Examiner	Sequentially list conditions.	Due to (c	rasac	onseque	ance of):	ans	VIII.						
O	an e		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury										i		
68760,	ysic he bi	Medical	thet initieted events resulting in deeth) Lest	C Dua to (o	rasac	onsaqua	ance of):						-		
	ertificate ling physi e es the	Ved	rosulting in death / cest												
Box	aath cer attendin I for use			d									i		
	daa le att	sici	Pert II. Other eignificant conditions co	ontributing to death but not res	ulting In	the und	lerlying ca	use gi	ven in Pert I.		23b. Did to	bacco uae c	ontribute to	o the cau	se of death?
, P.O	requires that the daath certificate be executed een signed by the attending physician and hould be dateched for use es the buriet-transit	y Physician									1□ Y	00 2 No	3 Pro	bably	4 🗌 Unknown
Records,	v requires been sign should be	ted by									24e. Wes e	n eutopsy mad?	av	ailable pr	
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>	2 8 5	To	axaminer? 1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2□	ER/Out	patient	3 DO	A Otl	ner: 4 Nui	rsing Hor	na 5 🗆 Rasida	ance 6 🗆 O	thar (Specif	fv)	
Jol			27. Menner of Death	28e. Dete of Injury (Month, Day Year)	28b. T		28	Bc. Inju Wo			8d. Dascribe h				
Ö	Attending For death.	atlo	Neturel 5 Pending 2 Accident Investigation			jury	М		Yes 2 1	No					
Division	al or Attendir s after daath. ii Director: Af ed in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicida determined	28e. Piece of Injury - At he building, etc. (Specif	ome, fer	m, stree	et, factory,	office		2	28f. Location (S City or Town		ber or Rura	al Routa I	Vumber,
	Hospit 4 hour Funera taly fills	edical C	(Check only 2 Medical Exam	rstcian: To the best of my kno tner: On the bests of examine	wledge, tion end	deeth o	occurred e	t the ti	me, dete end opinion, deet	d plece, e	and due to the c	euse(s) end n	nanner as s	teled.	se(s)
	To the within 2 To the complain	Med	one)	end menner steted.											
	5 × 5 8	77.	29b. Signeture end title of certifier	4			290.		sa number			9d. Date sign			11/
			Chus	le mo				DO	0000	605.		00	28	96	
			30. Name and address of person who of	ompleted cause of deeth (Item	23e) (Гуре, Рг	rint)								
				Be	rlin	^	40	ō	21811						
	Sta	te	31. Dete tiled (Month, Dey, Yeer)	32. Registrar's Signe	ture										



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95

			Certificate of Death		Reg. No.	U (19201
	- Children		Decedent's Neme (First, Middle, Last)	2. Dete of De Month	ath Dey	Yeer	3. Time of Deeth
	Physici /Medi		Grace Lee Skeeter	10	27 1	996	1355
Э	Examir		4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Lo	ocation of Death			
	Logi II		Peninsula Regional Medical Center Salisbur	·U	Wico	mic	0
	Funeral		5. Sociel Security Numbar 6. Sex 7. Age (in yrs. lest birthdey) If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min.	Data of Bir (Month, De	th v. Year)	9. Birthp	laca (Stete or Foreign
	Director		Usuel Residence of Decedent	Januar	49,1908	Vica	
	and w		10a. State 10b. County 10c. City, Town or Location		0	1	0d. Inside City Limits
	Menylan f show	ō	Vissiaia Assamask Connabask illa				1 Yas 2 No
	the 128s	5	Virginia Accomack Greenbackville 100. Street end Number 101. Zip Code		10g. Citizen of \	What Coun	tn/2
	after death with the Meryland or frems 23a or 28a-1 show miner must be notified at	Funeral Director	39056 Church Street 23856		110	n	.,,
	me 2	era	11. Marital Status 12. Was Dacedant Evar in U.S. 13. Was Decedent of Hispanic Origin? (Sp.	ecify Yas or No	- 14. Rad	e - Amaric	an Indian,
0			1 Never Merried 2 Married 1 Yes 2 700	Rican, etc.)	Bied	ck, White,	etc.
02	- 44	by	3 ☑ Widowed 4 □ Divorced If Yes, Give 1 □ Yes 2 ☑ No Specify:		Specify	whi	te
21215-0020	22 = 3	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of work.	ina	16b. Kind of B	usiness/Ind	lustry
21		npie	Elementery/Secondery (0-12) Coilege (1-4or 5+)	""	4	_	
	led w	Co	9 Supervisor	Tax Coll West	Shirt		tory
an o	be first Hall H	Be	17. Fether's Neme (First, Middle, Last) 18. Mother's Name	,	. <i>Maid</i> an Sumen	10)	
Ž	should be filed with nd Mental Hygiene marked other that imatic event, the	70	Timothy Rubin Jones Mamie		Known		
Maryland	2 8 9 8		19e. Informant's Neith/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Run 19c. Informant's Neith/Reletionship (Type, Print)				
-	f Health Item 27 other tr		Norma Lee Marshal Daughter 7390 Pocomoke River Ro 20è. Method of Disposition 1 ® Buriel 2 □ Crametion 3 □ Removel from Stata	Lytocop	20c. Location -	1. 218	350
Ö			1 Buriel 2 Crametion 3 Removel from Stata cametery, cremetory or other pieca)	Dota	200. Eddarion	L d	1. 14
Baltimore,	permit. Page Department of Important: If any Injury or once.		4 Donation 5 Other (Specify) Union United Method ist Cemeter 1 21. Signeture of Funaral Service Licensee 22. Name and Address of Feelity	10-30-46	Greent	ackv	ille, va.
Ba	Depa Impo any Ir		Scott S. Melson Melson Funeral Hom P.O. Box 64, Pocom	ne			
-	ABSTRACT		23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac	oke, m	12185	51	Aperovimate
	Physician		shock, or heart feilure. List only one cause on each line.	or respiretory a	11491,		Approximata Interval Between Onset and Death
	/Medical		tmmediate Cause (Final			1	a 1 1a 1
	Examiner		disease or condition resulting in death) Due to (or es e consequence of):				5 WRS
	n =	ner	IN PARA LEODIAN COM ILLANIA				MISHMAN
	icete be axecuted physician and s the burial-transit	Examiner					
Ő	certificate be axecul nding physician and usa as the burial-trar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):	16177	ממצוח	2 -	3 months
68760,	ste t	edical	thet initiated events resulting in deeth) Last Due to (or as a consequence of):			1	
-	The Day	≥ .	d			i	
Box	ires that the death ce signed by the attendi d be dateched for use	Completed by Physician/					
P.O.	he de	ysk	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
	that the ded by date	P.	compression FRANTURE 14.6 DICC HERNIATION	10	Yee 2 No	3 ☐ Prot	ably 4 Unknown
Records,	ulres ngran ld be	Q P		24e. Wes	en eutopsy	24b. We	ere eutopsy findings
8	w require been sign	iete	ARTHRITIC KNYK JOINT		med?	COT	ailable prior to repletion of cause
	The law requires that the death ate been signed by the atter page 2 should be deteched for u	d L	DIVERTILUZOSIS	40.	othu-		death?
ta	ilclan: The lav cartificata hes rector, page 2	Be C	25. Was case referred to medical 26. Place of Deet	1 U		1 -	Yes 2□ No
\leq	Physician: this cartific ral director,	ToB	examiner? 1 Yes 2 No Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Ho			er (Specify	()
0	g Physer this		27. Mennar of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury et		now injury occur		
Division of Vital	ath. r: Aft	Certification:	1 □Naturel 5 □ Pending (Month, Dey Year) Injury Work? 2 □ Accidant Investigation M 1 □ Yes 2 □ No				
Ξ	r Atte	tific	3 ☐ Suicide 6 ☐ Could not be determined 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify)	28f. Location (S	Street and Numb	er or Rura	Route Number,
0	Ital o al Di led ir	Ce					
	To the Hospital or Attending Physician: The i within 24 hours effer death. To the Funeral Director: After this cardificate he completely filled in by the funeral director, page	icai	29a. Certifier (Check only (Check only and Check only (Check only and Check only	and due to the	ceuse(s) end me	enner es st	ated. the cause(s)
	the hin 2 the i	Medicai	and menner stated.				
	2 A Mile		29b. Signature and the certifier 29c. License number		29d. Date signe		
		2	John Janua, MD D 5865		06 (2	9,19	194
			30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Robert C. Lemar, MD-104 N. Bay Street, Snow Hil	\ A.I.I	2101 -	2	
	Sta	e.	Robert C. LeMar, MD-104 N. Bay Street, Snow Hill 31. Dolo filed (Month, Day, Year) 32. Registrar's Signatura	1, 14	と1863)	
	Registr		NOV 0 4 1996 Jahr Dawolean Raylell				
			The state of the s	-			

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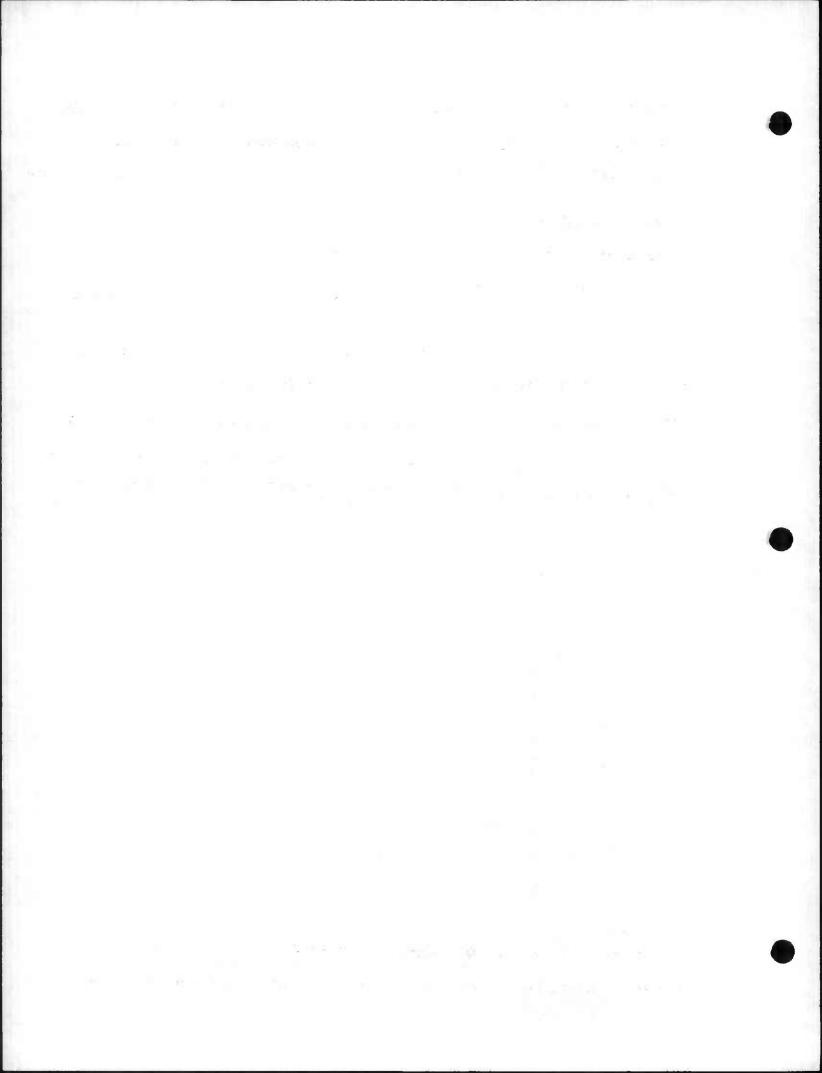
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

			State of Maryland	Certificate of Death	Reg. N	20 34785		
	Physici /Medi		1. Decedant's Nama (First, Middia, Last) MAE ELIZABETH	SAMS	2. Data of Death Month De	3. Tima of Death		
	Examir		4a. Facility Nama (If not institution, give street and number) 11003 TURNBERRY LANE	4b. City, Town, c	or Location of Death 40	c. County of Death		
	Funeral Director		5. Social Security Number 233-70-0661 Usual Rasidance of Dacadant		rs. 8. Data of Birth			
	r 28a-f show	tor	10a. Stata 10b. County 10c. City,	Town or Location BERLIN		10d. Inside City Limits 1 ☐ Yas 2 No		
	deeth with the Maryland ms 23a or 28a-f show Fraust be notified at	Funeral Director	10e. Street and Number 11003 TURNBERRY LANE	10f. Zip Coda 21811	10g. C	itizan of What Country?		
0020	or its	Ď	11. Marital Status 1 Navar Married 2 Married 3 Wildowed 4 Divorced 12. Was Dacedant Evar in U,S Armed Forcas? 1 Navar Married 2 Married 11. Was Dacedant Evar in U,S Armed Forcas? 1 Navar Married 2 Married 12. Was Dacedant Evar in U,S Armed Forcas? 1 Navar Married 2 Married 14. Was Dacedant Evar in U,S Armed Forcas?	13. Was Decedant of Hispanic Origin? If Yas, specify Cuban, Maxican, Put 1 □ Yas 2 No Specify:	(Specify Yas or No- arto Rican, atc.)	14. Race - American Indian, Black, Whita, atc.		
21215-0020	5	Completed	15. Decedant's Education (Specify only highast grada complated) Elamentery/Secondery (0-12) Coilege (1-4or 5+)	16a. Decedent's Usual Occupation (Giva kind of work dona during most of w lifa. DO NOT use retired) HOMEMAKER	on ing most of working 16b. Kind of Businass/Industry OWN HOME			
Maryland 2	I and 2 should be filed with Haalth and Mental Hygiena. Item 27 is marked other than other traumetic event, the M	To Be C	17. Fathar's Nama (First, Middla, Last) JOHN WERTZ	18. Mothar's N	ama (First, Middle, Meidar THOMPSON			
Mary		-	19a. Informent's Name/Raiationship (Type, Print)	urai Routa Number, City or Town, Stata, Zip Code)				
Baltimore,	permit. Pages 1 and Department of Health Important: If them 27 any injury or other tr 8058.	5		aca of Disposition (Nama of matary, cramatory or other place)	11 0	UMD. 21811 Location - City or Town, Stata ERLIN, MD.		
Balti			21. Signature of Fuheral Suffice Licenses	22. Nama and Addrass of Facility				
	Physician /Medical Examiner		Particular tha disaasa, of complications that caused tha daath. Immediata Causa (Final disaasa or condition rasulting in death) Dua to (or	Do not antar tha mode of dying, such as cardi	L HOME BE ac or raspiratory arrast,	Approximata intarval Between Onsat and Death Onsat and Death		
x 68760,	death certificate be axecuted attending physician end at for use es the buriel-transit	Medical Examiner	if any, laeding to immadiata cause. Enter Undarlying Cause (Disease or Injury	as a consequence of): as a consequence of): me of Phaby room we	eare e ADH Ser	wehn a 6 mosts		
. Box	death certifi e attending ed for use es	Physician/M	Part II. Other significant conditions contributing to death but not result	7		o use contribute to the cause of death?		
s, P.O.	ires that the death cen signed by the attendin id be detached for use	by Phys	Rebilatted Non	ambulatory	1 Yee	N/		
ecord	aw requisite been 2 should	Completed			24a. Was an auto parformad?	opsy 24b. Wara autopsy findings available prior to complation of causa of death?		
tal	The ate h		25. Was casa rafarrad to medical	20.21	1□ Yas 2	2 No 1 Yas 2 No		
Division of Vital Records,	Phys ral di	Certification: To Be	axaminar? 1	Produtpatient 3 DOA Other: 4 Nursing 28b. Tima of Injury M 28c. Injury at Work? M 28c. Injury at Work? 1 Yas 2 No	eeth (Check only ona) Homa 5 Residence 28d. Describe how Inju	6 □Other (Specify) ury occurred		
Divi	To the Hospital or Attanding within 24 hours efter death. To the Funeral Director: After completely filled in by the fune		4 ☐ Homicida building, atc. (Specify)	na, ferm, straat, factory, office	281. Location (Street a City or Town, Stat	nd Number or Rural Routa Number, ta)		
	he Hosp in 24 ho he Fune pletely fi	edical	29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my knowl one) 1 Medical Examiner: On the basis of axamination and manner stated.	edga, daeth occurred at the time, dete end pla ก and/or Invastigetion, In my opinion, daath oc	ce, end dua to tha causa(s curred et tha time, dete an	s) and manner as stated. Id place, and dua to tha cause(s)		
	To the company	Ž	296. Signature emolytice of certifier	29c. Licansa number H4361	29d. Da	ata signed (Month, Day, Year)		
			30. Nama and addrass of parson who completed cause of death (Itam :	& Berlin, Mr	718	511		
	Sta Registr		31. Pate flied (Month, Day, Year) 32. Registrar's Signatu 1 1996 34. Agricultural Signatura Signatural Signatura Signatura Signatura Signatura Signatura Signatura Signatura Signatura Signatura Signatura Signatura Sig	ra Contra				

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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Stokes, Jr. Howard Allen 30, 1996 1935 October /Medical 4e. Fecility Nama (If not institution, give straat end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Washington County Hospital Washington Hagers town If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Months | Days | Hours | Min. (Month, Dey, Year) 5. Sociel Sacurity Number 9. Birthpleca (Stete or Foreign Country) West Virginia 7. Aga (In yrs. lest birthday) **Funeral** Days 1**X** M 2□ F 71 Yrs 235 32 2218 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Dapenmant of Haelth and Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examinational be notified as once. 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17535 Woodlawn Drive 21740 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 1 No if Yes, Give Yeer or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - Amarican Indien, Black, White, etc. 1 ☐ Nevar Married 2 X Merried Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Shop Clerk Pangborn Corp. 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Howard Allen Stokes, Sr. Sadie Naomi Mason 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 17535 Woodlawn Dr. MIldred E. Stokes 21740 Hagerstown, Maryland 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20e. Mathod of Disposition Date 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremation 3 ☐ Ramovel from State Cedar Lawn Memorial Park Nov. 2,1996 Hagerstown, Md. 4 ☐ Donetion 5 ☐ Other (Specify) Saneture of Funerel Service Licensee 22. Name end Addrass of Fecility Gerald N. Minnich 305 N. Potomac St. 23a. Pert1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, shock, or heart feilure. List only ona ceuse on each line. Funeral Home Hagerstown, Md. 21740 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel disaasa or condition resulting in deeth) Large Cell Lymphoma 1½ years Examiner Due to (or es e consequence of): Physician/Medicai Examiner physician and s tha buriai-transit The lew requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarfying Ceuse (Disease or Injury that initieted events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as e consaquence of): d for usa as the signed by tha e Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of causa of deeth? Completed 24a. Was en eutopsy performed? paga 2 1 Yas 2 No 1 Yas 2 No certificate or Attending Physician: funeral director. 25. Wes case referred to medical 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yes 2 No 10 1 Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Aftar this 28a. Date of Injury (Month, Dey Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigetion daath. 1 Yas 2 No 2 Accident after death 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a Hospital 29e. Certifier 1 🖄 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end plece, end due to the cause(s) and menner es stated. within 24 hor To the Fune complately fi 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end mennar stated. (Check only one) To the 29b. Signeture and title of certifler 29c. Licensa number 29d. Data signed (Month, Day, Year) DO1062 NOVEMBER 1, 1996 Ho CKI 30. Neme and eddress of person who completed cause of death (ttem 23a) (Type, Print) 21740 Hagerstown, MD Edward W. DIETO 217 W. Washington St. Ditto. III M.D. 32. Registrer's Signature State Askin Skucker Replate 0 1 1996

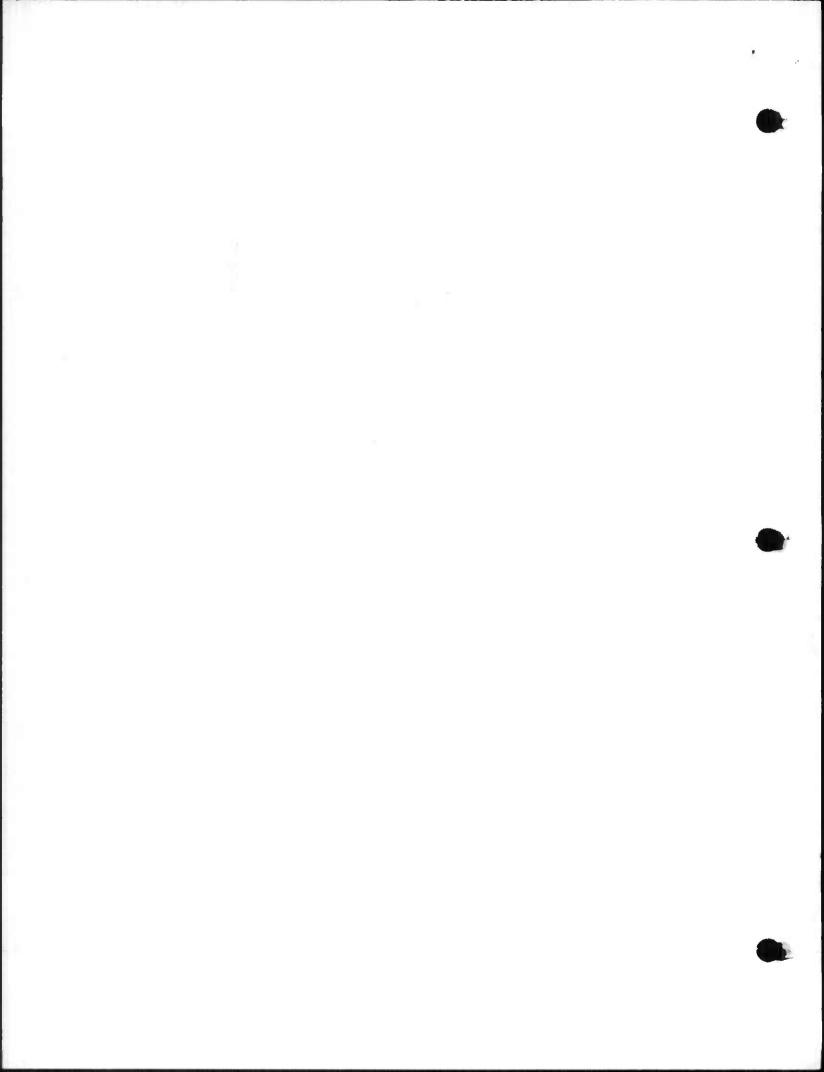
Registrar



Amed # 2 WOSh CO. Health Dept & B 9908991284
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - STATE

	REGISTRAR			JERIIF	ICATE	: OF	DEAL	H		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH DA	v 199	6 YEAR	3. TIME OF DEATH		
	RONAL			STOTL					NOVEM	BER 4	_1	966-	7:15 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	ay, Year)		8. BIRTHI Country	PLACE (State or Foreign		
	217-36-6934		57	YAS.					JAN.	4, 1					
œ	9e. FACILITY NAME (If not institution, give s		9b. CITY,		R LOCATIO				9c. COU	NTY OF DE	ATH				
DIRECTOR	156 PLANTATION I]	HAGEI	RSTOV	<u>v</u> N		1	WASHI	NGTON				
SE I	10a, STATE 10b, COUNTY		10c. CIT	y, TOWN O	R LOCAT	ION					T	10d, INSIDE CITY			
5	MARYLAND	WASHING	TON		Н	AGE	RSTOV	٧N							
AL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?		
E	156 PLANTATION I	DRIVE						21	740			U.S.	Α.		
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. V	VAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	Specify Yes	or No-	14. RACE	- American Indian,		
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WA					2 X NO			in, inc.)		996 YEAR 1966 7:15 A M 8. BIRTHPLACE (State or Foreign Country) MARYLAND COUNTY OF DEATH WASHINGTON 10d. INSIDE CITY LIMITS? 1 M YES 2 NO 1. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: WHITE S/INDUSTRY 16. SUPPLY COMPANY 17. S. Jip Code) MARYLAND 21740 18. Zip Code) MARYLAND 21740 19. City or Town, Stata SBORO, MARYLAND 11d National Pike Dro, MD 21713 17. Approximate intervel Between Onset and Death 2 UCCKS 13 MONTHS 19. Jip Code 11. Jip Code 12. Jip Code 13. Jip Code 14. Jip Code 15. Jip Code 16. Jip Code 16. Jip Code 16. Jip Code 17. Jip Code 18. Jip Code 19. Jip Code			
	15. DECEDENT'S EDUC	2471041	100	2525251512			u						WHITE		
COMPLETED	(Specify only highest grade	completed)		DECEDENT'S (Give kind of v life. Do NOT us	vork done d	uring mo	st of workin	g	18b. KI	ND OF BUS	INESS/INI	DUSTRY			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			ECHAN				יו זייי	OF CA	DF C	Selective or Foreign S. BIRTHPLACE (State or Foreign Country) MARYLAND COUNTY OF DEATH WASHINGTON 10d. INSIDE CITY LIMITS? 1 × YES 2 NO CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, sic. Specify: WHITE SINDUSTRY & SUPPLY COMPANY The To American Indian, Black, Whita, sic. Specify: WHITE SINDUSTRY & SUPPLY COMPANY The To Amaryland A National Pike BORO, MARYLAND d National Pike DOO, MD 21713 Berreat, Approximate intervel Between Onset and Death Z. Weeks 13 Months The Amaryland OCCURED The OCCURE			
8	17. FATHER'S NAME (First, Middle, Last)				DOLLIE	110	16. MOTH	IER'S NAM	ME (First, Midd			2011	DI COMPANI		
	FRANK GEORGE ST	OTLER							ARIE E		SYTH				
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a						Code)			
임	E. JANE STOTLER		_	156 P	LANTA	OITA	N DR	IVE,	HAGEI	RSTOW	N, M	ARYLA	AND 21740		
	20a. METHOD OF DISPOSITION	umi fram State		E AND DATE	OF DISPOSI	-			DATE						
	4 Donation 5 Other (Specify)	~	SBORO							ONSB(NSBORO, MARYLAND				
- 1	21. SIGNATURE ON FUNERAL SERVICE CO	ENGLE					D ADDRES								
	I aul M-6	law	Paul	M. Dea	an BA	ST 1	FUNEF	RAL H	(OME:						
	23. PART I. Enter the diseasea, or o	omplications that	caused the	deeth. Do n	ot enter	the mo	de of dyl	ng, euch							
	shock, or heert fallure.	List only one ceus	e on each ii	ine.											
	disease or condition														
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b. Malignant Brain Tumor 13 months														
Ĕ	Sequentially list conditione, DUE TO (OR ÀS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS A CONS	SEQUENCE OF	٦.										
	thet initiated events resulting in death) LAST				,								İ		
빙					-								1		
AL															
EDICAL									_ [1	YES 2	X NO		COMPLETION OF CAUSE		
¥.									_		•		1 - YE\$ 2 - NO		
PHYSICIAN: M	DID TOBACCO USE CONTR	RIBUTE TO CAL					UNC	ERTAIN	I 🗆 📗						
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL	ACE OF DEAT	H (Check o										
XS	1 TES 2 K NO	1 Inpatient 2			4 - Nursi	ing Hom	_	aldenca (0ther (S	pecify)					
ᇤ	27. MANNER OF DEATH 1 Notural 5 Pending	28a. DATE OF II (Month, Day	NJURY ; Year)	28b. TIM	E OF URY		RK?		28d. DESCR	BE HOW IN	JURY OC	CURED			
ሕ∥	2 Accident Investigation	20. 51 105 05			M		ES 2 [-							
	3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At Ic. (Specify)	homa, term, s	treet, facto	ry, offici	1		281. LOCATIO	ON (Street a bwn, State)	nd Number	COUNTRY MARYLAND COUNTY OF DEATH WASHINGTON 10d. INSIDE CITY LIMITS? 1 M YES 2 NO CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, eic. Specify: WHITE SINDUSTRY & SUPPLY COMPANY The state of the state of			
COMPLET	29a, CERTIFIER														
틸	(Check only CERTIFYING PHYSIC														
8			mination end/	or investigation	n, in my op	oinlon, de			_	placa, and	dua to th	na cause(a)	and manner as stated.		
H H	296. SIGNATURE AND TITLE OF CERTIFIER	SIDA	0.				-	NSE NUM			29d. DAT	E SIGNED	Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	- Kal	M	MI	7		DY	59	36			11/5	196		
						7 8 ATT	10		TT3 ~~~	DOMO	75.7	m 01	740		
	DR. MICHAEL G. F	32. DEGISTRAR			AL C	AMP	JS DF	CIVE,	HAGE	KSTO!	VIV, N	ال 21 ال	142		
	NOV 0 6 1996	Jalia da	DELLA	and H											
131				- Adres											



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					Oldic 0	i waiyic		Certific			i wentai my	Reg. No.	96	34285
	Dharais		1. Decedent's Neme (First,								2. Dete of De Month	eeth Dev	Year	3. Tima of Death
	Physici /Medi		1								NOV.	7	1996	11:05
	Examir		As Facility blaces (Mant leadly the principles of a start back)							4b. City, Town, c	or Location of Dea		y of Deeth	
			Washington (Count	y Hospi	tal				Hager	rstown	Wa	shin	gton
	Funeral Director		5. Social Sacurity Number 213-10-6815		Sex 1⊠,M 2□F	7. Age (In yi		Yrs. If U	ndar 1 Yaar ths Deys	if Undar 24 H		rth sy, <i>Year</i>) , 1899	9. Birthplece (State or Foreign Country) Mary Land	
	and war		Usuel Residence of Decede 10e. Stete 10b. Ca			10c.	City, Towr	n or Location						10d. Inside City Limits
	he Meryl Sa-f sho ormed s	ector		shing	ton		Smi	thsbur						1 ☐ Yas 2√☐ No
	23e or 2	Funeral Director	10e. Street end Number 11908 Semine	ole D	rive			10f	. Zip Code 2	1783		10g. Citizen of USA	Whet Cou	ntry?
21215-0020	is 1 and 2 should be filed within 72 hours efter death with the Meryland of Health and Meriel Hyglene. If them 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Examiner must be notified at	by	11. Maritel Stetus 1 □ Never Merried 2 □ Marriad 3 ☒ Widowed 4 □ Divorced 12. Wes Decedent Ever In U,S Armed Forces? 1 □ Yes 2∑ No If Yes, Give Yaar or Detes:		U,S. 13. Wes Decedent of Hispanic Origin? (Spetif Yas, specify Cuban, Mexican, Puerto 1 □ Yes 25 No Specify:			(Specify Yes or Nearto Rican, etc.)	Speci	eck, White,	ican Indien, , etc. hite			
5-6	72 h 'netu	Completed	15. Dec (Specify only)	edent's E	ducation ada completed)		16e.	Decedent's	work done	during most of w	orking	16b. Kind of E	Business/Ir	ndustry
2	ithin Je.	npi	Elementary/Secondery (0		Coilege (1	-4or 5+)		life. DO NO	T use retire	d)				
	hygler her th	Co	8		. 0			sho	ovel o	perator	cemen			
Baltimore, Maryiand	uld be fi Ventel H rked off	To Be	17. Fether's Neme (First, Mi Thomas Haye		•						ame (First, Middle Jane Bri		ma)	
	sho end I		19e. Informent's Neme/Reid	tionship	Type, Print)			_			Rural Route Numb			,
	ealth n 27		Wayne E. Sm	ith -	- Son					e Dr., :	Smithsbu			
	pernit. Pages 1 and 2 should be filed within 72 hours Department of Health end Mentel Hyglene. Important: if item 27 is marked other than "natural", any Injury or other traumatic event, I'm Med cal Exagnee.		20a. Method of Disposition 1 ☑ Buriei 2 ☐ Creme 4 ☐ Donetion 5 ☐ Oth			State	cemeter	Disposition y, crematory Haven	or othar pla		Data 1-7-96	20c. Location Hagers		own, State ,Maryland
Ball	Depart Import any Inj once.		21. Signeture of Funerel Sarvice Licensee 22. Name end Address of Facility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740											740
			23a. Pert1. Enter tha diseas shock, or haert feilure.	se, or com	plicetions thet c	aused the de	eth. Do r	not enter the	moda of dyl	SON BLV	ec or respiretory	errest,	1. 21	Approximete
4	Physician	0.3	SHOCK, OF HABIT IONGIE	LIST OF THE	Olle Cedsa Oll e									Intarval Batween Onset end Death
-4	/Medical		immediete Cause (Finel disaese or condition											10 Lays
	Examiner		resulting In death) Due to (or es a consequence of):											
	p it	in in			b								į	
	ificate be executed g physician and as the buriel-trensit	Examiner	Sequentially list conditions, if eny, leeding to immediate	ſ		Dua to	(or as e o	consequence	of):					
68760,	be e sician burie	je i	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseesa or Injury											
687	tificate ng phys as the	edicai	that initiated events resulting in death) Last Due to (or as a consequence of):						of):					
Box	eath certifl ettending I for use as				d									
m	d for	cia	Pert II. Other significant co	aditions (vontributing to de	eth but not s	eculting in	the underhal	na cauco ai	use given in Rest I 22h Did tehanoe use				to the cause of death?
P.0	thet tha death cer ed by the ettendin deteched for use	Physician/M	/ or in our argumount con)	A -	1/0	<i></i>	of A	ng cause gr	ven in Fett I.		23b. Did tobacco use contribute to the cause		
	signed be del	by F		ongi	slive	Hear	1	Talle	re				7	
Records,	peen	Completed I										en eutopsy ormed?	av Cc	Vara autopsy findings veileble prior to ompletion of cause I deeth?
Œ	ysician: The lew is certificate hes director, page 2 s	mo;									10	Yes 2 No	1	☐Yes 2☐No
of Vital		Bec	25. Wes case refarred to me	edical						26. Pleca of D	eeth (Check only	one)		
1	Physician: this certific ral director,	To	examiner? 1 ☐ Yes 2 ☑ No		Hospitel: 1 📈	npatient 2	□ ER/Ou	tpatient 3	DOA OI	ner: 4 Nursing	Home 5 ☐ Ras	idence 6 □Ot	her (Speci	ify)
			27. Menner of Deeth 1 ☑ Neturel 5 □ P	ending	28a. Date of	of Injury h, Day Year)		ime of	28c. inju Wo	ry et	28d. Describe	how Injury occu	rred	
<u>Ö</u>	ath. or: Af	atic	2 ☐ Accident in	vestigatio	n	.,, ,		М		Yes 2 □ No				
Division	al or Attending F s aftar death. Il Director: After ed in by the funer	Certification:	3 ☐ Suicide 6 ☐ C 4 ☐ Homlcide	ouid not b etermined	288. PIECE	of Injury - At ng, etc. (Spe	home, fe	rm, street, fe	ctory, office		28f. Location (Street and Number or Rural Route Number, City or Town, Stete)			al Route Number,
	To the Heapital or Attending Ph within 24 hours aftar death. To the Funeral Director: After th completaly filled in by the funeral	edical (29e. Cartifier 1 Cer (Check only one) 2 Mac	tifying Ph lical Exar	ninar: On the ba	best of my ki sis of exemi er steted.	nowledge netion end	, deeth occur d/or investige	red at the ti tion, in my o	me, dete end ple opinion, deeth oc	ce, end due to the curred et the time	cause(s) end m dete end plece	anner as s , and due t	stated. to the cause(s)
	To the York Comp	M	29b. Signature and title of co	ertifler Lus	tmo				29c. Licens	2251	<u> </u>	29d. Deta sign	ed (Month,	Day, Year)
			30. Neme end address of pe	. /	` 1			_		1	1/	lysvil	1.	140 (
	Cha	• 0	31. Dete filed (Month, Day,		neden		160	Gee.	1109	rane	KRE	4456.1	10,1	ric.
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State of Maryland / Department of Health and Mental Hygiene 96

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							C	ertificate	of of	Death	7		Reg. No.		0 1 6 0 0
			1. Decedant's Nam	e (First, Middle	, Last)							2. Data of De	eth	- 22	3. Time of Death
	Physici		BRAN	DON M	IKEL	SCOTT						Month	Day	Yaar	10-25 DW
ì	/Medi									4h City T	own or L	OCt.		96	10:25 PM
4	Examir	ier	4a. Facility Neme (If not institution, give street and number) HOLY Cross Hospital												
1					-	-	- 1 11111	i Miladar	Van			Spring			
п	Funeral		5. Social Security N	umber	6. Sex M☐ M 2☐:	7. Age (In	yrs. last birthde	y) If Under Months	Days	Hours	r 24 Hrs. Min.	(Month, De	rth ay, Year)	9. Birth	placa (Stata or Foraign intry)
п	Director		None		223111 20		Yrs.		3			Oct.2	2,1996	Mary	yland
	p >		Usuel Residance o 10a. Stata			10	o Chi Taura	1							
	h the Marylan f 28a-f show	-	Toa. Stata	10b. County		10	c. City, Town or	Location							10d. Insida City Limits
	W T	cto	MD Montgomery Silver Spring											1 ☐ Yas 2 ☐ No	
	는 60 년 10 10 년 10 10 년)Ire	10e. Street and Number 10f. Zip Code									10g. Citizen of	What Cou	intry?	
	death with the Maryland	Funeral Director	10102 G	eorgia	Ave.,	#303		20	902	2			U.S.A		
	Herns :	Jer	11. Merital Stetus		12. Wes D	Decedant Evan	r in U,S. 1	3. Was Daced	ent of I	Hispanic O	rigin? (Sp	ecify Yas or No		ce - Ameri	ican Indian,
0	ofter A	Ē	1 🔀 Nevar Marr	ied 2 Marri	ed 1 Y	forces? as 2⊠ No		U.S. 13. Was Dacedant of Hispanic Origin? (Spe If Yes, specify Cuban, Maxican, Puerto F					1	ck, Whita	
5-0020	72 hours efter natural', or ite	þ	3 ☐ Widowed	4 Divorced	If Yas,	Giva or Datas:		1 □ Yas 2	No.	Specify	*		Speci	y: Bla	ack
	"natural"	8		15. Decedant	's Educetion		16a, De	cedant's Usual	Occur	pation			16b. Kind of E	usiness/ir	ndustry
15	c 3	Be Completed		cify only highes	t grada complete	-	(Gi	ve kind of work . DO NOT use	dona.	during mo	st of work	ing			
d 2121	d within jiene. r than	E	N/A	ondary (0-12)	Colleg	a (1-4or 5+)		/A		,			N/A		
	e filed el Hygie other	ŏ	17. Fathar's Nama	(First Middle	ast)		1.0	/ A		18 Moth	ar's Nam	a /First Middla	, Maidan Suma		
an	Mentel Merkad o	Be													
Maryland	2 should be and Mentel is marked of	To		ry Tho								Scott			20000
Sal				19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addre Brenda Scott/Mother 10102 G											
	1 end Health em 27		Brenda	SCOTT	/Motne					jia A	we.	,#303,	Silver	Spi	ring,MD
Baltimore,			20e. Method of Dis		2 Dam. 4-		Ob. Place of Dis	position (Nam ramatory or ot	a of her ple	ice)		Data	20c. Location	- City or T	own, Stete
	0 = = 0		4 Donation	☐ Cremetion 5 ☐ Other (Sp	3 □Ramoval freecity)	om Stata H	armony	Memo	ria	al Pa	rk	10-31	Landos	er.	MD
	permit. Pa Departmen Important: any Injury		21. Signatura of Fu	inerel Sarvice I	icensee										
m	Deparation and in once.		Marshall's Funeral Home, Inc.												
	_		23a. Party Entar tha disease, or complications that ceused the death. Do not antar the mode of dying, such as cerdiac or raspiratory arrest, and k, or heart failure. List only one cause on each line.												
			anock, or hea	na disaase, or irt failure. List	complications the	at ceused the on aach line.	daath. Do not a	intar the mode	of dyl	ng, such a	scerdiac	or raspiratory a	rrest,		Approximata Intarval Between
4	Physician		Immediate Causa (Final diseasa or condition rasulting in death) a. Severe Introventricular Hemorrhage Dua to (or as a consequence of): b. Severe Prematurity										Onsat and Death		
1	/Medical Examiner														
и		Examiner													
	70 #				5	ever	Pag	mat	7.5	141					
	ond rans		Sequentielly list conditions, Dua to (or as e consequence of):												
ó	exe en e	ŭ	Sequentielly list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury C.									i			
68760,	ysici	Cal	that initiated avants									+			
68	certificete be executed ding physicien end ise es the buriel-transit	Medical	resulting In death)	Last		500	10 (0) 00 0 0010	04001100 017.							
X	rediring 188				d										
B	deeth c e atten ed for u	Cla													
0	0 0 0	by Physiciar	Pert II. Other signif	icant condition	ns contributing to	o death but no	ot rasulting in the	underlying ca	usa gi	van In Part	I.	23b. Did tobacco use contribute to the cau			to the cause of death?
<u>α</u>	that the ed by th detach	윤	Clin	nica	56	1200	S .					10	Yes 2 No	3 Pro	obably 4 Unknow
of Vital Records,	8 5 8			· · · ·										1	4-711-1-1-1-1
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ta	iclan: The certificate		25. Was cesa refar	red to medical		-				OC Dies	- of Doot			1	
>	Physician: The i this certificate har ral director, pege	o Be	axaminar?		Hospital:	rikasasasas	• C = D/O · · ·		Ott	har		h (Check only			
of	Phys this ral d	-	1 ☐ Yas 2☐ 27. Manner of Deat			Ata of Injury	2 ☐ ER/Outpat		`	4 L N			dance 8 Ot how injury occu		(y)
E C	h. After funer	Certification:	1 Natural	5 Panding	(N	onth, Day Yes	ar) injun		c. Inju Wo			200. Dascribe	now injury occu	ii eu	
Sic	Attending or death.	cat	2 ☐ Accident 3 ☐ Suicide	Investig	ot be			М		Yas 2	-				
Division	rer direct	틭	4 Homicida	detarmi	ned 208. Fi	aca of Injury - riiding, atc. (S)	At home, farm, pecify)	straat, factory,	office			28f. Location (City or To		ber or Rui	ral Route Number,
Ω	is el	8													
	hou hou iner ily fill	Cal	29a. Cartifiar (Check only	1 Certifying	Phyalcian: To	tha bast of my	knowledga, da	ath occurred a	t the ti	ma, deta e	nd place,	and dua to tha	cause(s) and m	annar as	stated.
	n 24 ne Fi	edical	one)	Z Medical b	xaminer: On the end m	a pasis of exal annar statad.	mination and/or	invastigation,	n my c	opinion, da	ath occur	red at the tima,	date and place	and dua	to the ceuse(s)
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi compietely filled in by the funeral	Ž	29b. Signature and	title of certifiar				29c.	Licans	sa number			29d. Data sign	ed (Month	Day, Yaar)
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	/1\	-	20 No.	1um	pomo		(thom 00) (T	- Dates	17	20	00		10/2	10	10
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State of Maryland / Department of Health and Mental Hygiene 96

						Certificate o	f Death		Reg. No.		07201	
П	Dhamin		1. Decedent's Neme (First, Middle, Le	st)				2. Date of De Month	eth	w.Es	3. Time of Death	
	Physic /Medi		Helen C. Smith						Day r 25, 19	Yeer 96	7:30 PM	
2	Exami		4a. Facility Nama (If not institution, given					Location of Death			1.150.11	
L			Independence C 5. Social Security Number 6.5	ille	Princ	e Geo	rge's					
	Funeral			Sex 7. Ag		Yrs. Ti Under 1 Yea	ar If Under 24 Hr. s Hours Mir	n. (Month, Da	th y, Yeer)	9. Birthple Count	ace (Stete or Foreign	
	Director		577-01-2312 Usuel Residence of Decedent		88	113.		Novembe	er 23,190	Wasl	h. D.C.	
	ylend		10a. State 10b. County		10c. City, Town	or Location				10	Od. Inside City Limits	
	Mar and s	to	N/A N/A		Washing	gton, D.C.					1)€ Yes 2 No	
	ith the	Director	10e. Street and Numbar			10f. Zip Code		10g. Citizen of 1	What Count	ry?		
	23a	ral	900 Hamilton Str	eet, N.E.		20001		United	State	es		
	er de	Funeral	11. Marital Status	12. Was Decedent Armed Forces?		r in U,S. 13. Was Decedent of Hispanic C If Yes, specify Cuban, Mexico		Specify Yes or No rto Ricen, etc.)		e - America		
21215-0020	d within 72 hours effer death with the Marylend liene. Then "natural", or flems 23a or 28s-1 show the Medical Examinet must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ₺ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ♣ If Yes, Give Year or Dates:	1 ☐ Yes 2 ♣ No If Yes, Give 1 ☐ Yes 2 ₽ No Spi			Specify:			Specify: White	
5-0	72 h natu	Completed	15. Decedent's E (Specify only highest gre	ducation ade completed)	16a.	Decedent's Usual Occ (Give kind of work don	upation e during most of we	orkina	16b. Kind of B	usiness/Ind	ustry	
121	filed within 72 Hygiene. Ither then "nel	ldm	Elementary/Secondary (0-12)	College (1-4or		life. DO NOT usa reti	red)		Commun	icati	one	
d 2	H the		17. Father's Name (First, Middle, Last)	Te.	lephone Ope		me (First, Middle, Maiden Surneme)			.0113	
Maryland	a la d	To Be	George Brendt				Louise V		walden Sumen	10)		
ary	SEE	-	19a. Informant's Name/Relationship (Type, Pnnt)	19b.	Mailing Address (Stre	et and Number or F	Rurel Route Number	er, City or Town,	Stete, Zip	Code)	
Z	1 end 2 Health e am 27 is		Mary D. Cloey I	aughter	721	.0 Kidmore	La. Lanha	am, Md. 2	20706			
altimore,	of He		20a. Mathod of Disposition X⊠ Burial 2 □ Cremation 3 □	Domoval from Ctate	20b. Place of cemetar	Disposition (Name of y, cremetory or other p	/ece)	Date	20c. Location -	City or Tov	vn, State	
Ë	Peg ment ant: l		4 Donation 5 Other (Specif		Ft.Line	oln Cemete			Brentwoo		١.	
Ball	permit. Peges 1 end Department of Health Important: If item 27 any Injury or other ti		21. Signature of Runeral Service Licer	1/ //		22. Name and Add	ress of Facility F1	t. Lincol	Ln F.H.	Inc.		
	702 a 0		Down J. V	Frant		3401 Blade	_			l .		
			23a. Part 1. Enter the disease, or com shock, or heart failure. List only	plications that caused one causa on each li	the death. Do n	ot enter the mode of d	ying, such es cardia	c or respiretory ar	rrest,		Approximate Interval Between	
\circ	Physician /Medical		Immediata Cause (Final								Onset and Death	
	Examiner		disease or condition resulting in death)	a. Arte		otic cardi	ovascula.	r Disease	9	1	0 Years	
		Jer			Due to (or as a c	onsequence of):						
	eath certificate be executed ettending physician end I for use es the buriel-transit	Examiner	Sequentially list conditions.	b	Due to (or as a c	onsequance of);				1		
90,	sian e		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									
68760,	physic the b	Medical	that initiated events resulting in death) Last	С.	Due to (or as a c	onsequence of):						
×	ding se es	/Me		d								
Bo	thet the death c ed by the ettend deteched for us	Physician/	D. H. Ott. I. III.									
0	the d by the	hysi	Part ii. Other significant conditions o	ontributing to death b	ut not resulting in	the underlying cause of	jiven in Pert i.		- 1		the cause of death?	
٥,	es thet igned to be det	by P	None					10	Yes 2 No	3 □ Probe	ably 4 ☐ Unknown	
Division of Vital Records,	= 0 0								an autopsy	24b. Wer	re eutopsy findings	
900	- LI W	plet						репо	rmed?	com	lable prior to opletion of cause eath?	
œ e	The lav	Completed						1 D Y	es 2 No	10	Yes 2□ No	
/ita		Be	25. Was cese referred to madicel axaminer?				26. Place of De	ath (Chack only o	ne)			
5		2	1 ☐ Yes 2 No		nt 2 ER/Out	patient 3LI DOA		Home 5 Resid	lence 6 Oth	er (Specify)		
n c	After I	Certification:	27. Mannar of Death 1 Matural 5 □ Pending	28a. Date of Inju- (Month, Da)	y Year) 28b. Ti	jury W		28d. Describe h	ow injury occurr	red		
S	Attanding r deeth. actor: After by the fune	licat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be		In At home for]Yas 2□No	29f Location /6	Streat and Numb	or or Pural	Pouto Number	
2	after Dire d in b	erti	4 Homicida determined	building, ato	. (Specify)	m, street, factory, office	,	City or Tow		er or nurar	House Walliber,	
	he Hospital or Attanding Ph in 24 hours after deeth. he Funeral Director: After th pletely filled in by the funeral		29a. Cartifiar (Certifying Ph	/aiclen: To the best of	of my knowledge,	death occurred at the	tima, data and place	e, and dua to tha d	ause(s) and ma	nnar as sta	ited.	
	To the Hospital or Attanding within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune	edicai	one) 2 Medical Exam	Iner: On the basis of and manner sta	examination and	or Investigation, In my	opinion, daath occu	urred at the time, o	date and place,	and due to t	the ceuse(s)	
	2 28	Σ	29b. Signature and title of certifier	MAN	10	29c. Licer	se number		29d. Date signed	(Month, D	ay, Year)	
×	(2)		VKEYWUUU		100	U	11221		October	28 1	.996	
(2		30. Neme and address of person who o	complated cause of de N.E. Was	eath (Item 23a) (Thington,	Type, Print) DC. 20017	Dr. Pet	ter G. Pu	ıshkas			
	Sta Registra		31. Date filed (Month, Dey, Year) OCT 28-15	96 32 Hardelte	are Signature	arbell			At			

Lina Oliannera

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR		ERTIF	ICATE C	F DEATH	REG. I	10.					
	1. DECEDENT'S NAME (First, Middle, Last) Walter E. Summe	rs			<u> </u>	2. DATE OF DEATH MONTH OCt. 27	DAY	YEAR	TIME OF D			
	4. SOCIAL SECURITY NUMBER 226-264815 1X	6. AGE (In yrs.)	last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH Jan. 27		8. BIRTNPL	ACE (State of	15a M or Foreign Co VA		
OR	96. FACILITY NAME (If not institution, give street end Manor Care Health Center	i number)			M OR LOCATION OF							
5	RESIDENCE OF DECEDENT					JOY 12 20112	1-1-1	iice (Georg	ie		
DIRECTOR	Maryland Prince	George		ttsvi					Od. INSIDE (LIMITS? YES 2			
FUNERAL	4312 74th Ave.				101. ZIP CODE 20784			ZEN OF WHA	AT COUNTRY	43		
B≼	1 Never Married 2 X Married FC	AS DECEDENT EVER IN U.S. / DRCES? 1- YES 2 YES, GIVE WAR OR OATES	ARMED NO	If yes	DECENDENT OF HISP , specify Cuban, Mexi YES 2 NO Spec	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yes or No—	Black, 1	- American I White, atc. Blac			
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a, 1	DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF	BUSINESS/IND	USTRY				
COMPLETED		ge (1-4 or 5+)	ife. Do NOT us	work done during e retired.) Work	most of working	U.S.	Govt	•				
S S	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S A	IAME (First, Middle, Meid	len Sumeme)					
BE C	John Summers 190. INFORMANT'S NAME (Type/Print)				Useal	Gregg S	ummer		-:-			
٩	Kendrick A. Summe					A Maryland 2		Code)				
	20e_METNOD OF DISPOSITION 1 DBurlel 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify) 20e_PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) Rock Hill Cemetery, Round Hill VA10/31/96 Round Hill, Vin											
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY LYLES FUNERAL SERVICE, P.O. BOX397											
	+ Chiex o	630 So. 20th Street, Purcellville, Virginia 20134-0397										
	23. PART i. Enter the diseases, or complice ahock, or heert fallure. List on	cations that ceused the day one cause on each ile	daath. Do r	ot enter the	mode of dying, su	ch as cardiec or re	piratory sm	est,	Approx			
	interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSCOUENCE OF):											
2	DUE TO (OR AS A CONSEQUENCE (OF):											
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that Initiated events resulting in death) LAST											
	DART II Other elections on distance								1			
CAL	PART II. Other algolificant conditions conti	ributing to death but not	resulting i	n the underly	ring ceuse given i	PERF	AN AUTOPSY ORMEO?	A	ERE AUTOPS MILABLE PRI OMPLETION (OR TO		
MEDI						1 (YES	2 NO	0	F DEATH?			
z												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:			PLACE OF OEATN (C	check only one)						
Š	_ Inos	patient 2 ER/Outpatient	3 🗆 DOA	OTHER:	Iome 5 - Residence	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 2:	8e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. URY	INJURY AT WORK?	28d. DESCRIBE NO	W INJURY OCC	URED				
BY	2 Accident Investigation 3 Suicide & Could not be	60. PLACE OF INJURY - AL	home, ferm, s		YES 2 NO	28f. LOCATION (Stre	et and Number	or Rural Bou	to Mumber			
ETED	4 Homicide determined	building, atc. (Specify)		PHILL PRINCE		City or Town, Ste	ite)	0. 1.0.0	TO TOUTHOUS,			
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the	o the best of my knowledge, one besis of examination end/o							nd menner e	s stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER									fonth, Day, Ye			
10 B	30. NAME AND AODRESS OF PERSON WHO COMP	ela M	-	G-1-4	031	1274			28.			
	Dr. Sam Tellawi, M.I	D. 7700 Old	Brancl		Clinton	Md. 20735						
Dr. Sam Tellawi, M.D. 7700 Old Branch Ave. Clinton Md. 20735 31. DATE FILEO (Month, Day, Year) OCT 28 1996 July Division Navidal.												

				State of Ma	aryland	-	rtment of I tificate of		Mental Hy	giene 9	6 34	289
			1. Decedent's Neme (First, Middle, Las	st)					2. Date of De	eath	3. 7	ime of Deeth
	Physici /Medic		GERTRUDE BONH		SON	-			Octobe:	7	96 1	2:15 am
Į.	Examir	er	4a. Facility Neme (If not Institution, give	Account of the				4b. City, Town, or	Location of Deat	,		
		×	Magnolia Gardens 5. Social Security Number 8. S			na bilati alovil	If Under 1 Year	Lanham If Under 24 Hrs	Donat of B		e Georg	
	Funeral Director		179-07-2290	□M 2MF	9 (<i>In yrs. l</i> e:	Yrs.	Months Days			ey, Year)	Country) Pennsy	State or Foreign vania
	pu ≱ _		Usuel Residence of Decedent 10e. State 10b. County		10c. City.	Town or Loc	ation				10d Inc	side City Limits
	Aaryl sho	20	MD Prince G	0000010								ÝYes 2□No
	the the	Director	10e. Street and Number	eorge s	Lanha	1111	10f. Zip Code			10g. Citizen of \	What Country?	
	with or	Ī	8200 Good Luck R	oad			20770			U.S.A.	Whot Country i	
	ne 2%	era	11. Marital Status	12. Was Decedent B	Ever In U.S.	13. W		Hispanic Origin? (5	Specify Yes or No		a - American Ind	ien.
020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mendled Hygiene. Department of Health and Mendled Hygiene. Introordant: If them 27 is marked other than "natural", or items 23s or 28s-f show eny injury or other traumatic event, i'm Mendled Examine I must be notified at once.	by Funeral	1 ☐ Never Married 2 🖾 Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:		If	Yes, specify Cub ☐ Yes 2🖾 No	en, Mexican, Puer	to Rican, etc.)	Bled	ck, White, etc. White	
Maryland 21215-0020	2 hou	Pe	15. Decedent's Ed			16a. Decede	ent's Usuel Occu	petion		18b. Kind of Bi	usiness/industry	
75	n n	Completed	(Specify only highest gra	de completed)		(Give k	and of work done O NOT use retire	during most of wo	rking	100.11.10.01.01	John Journ Middoll y	
7	the the	mo	Elementery/Secondery (0-12)	College (1-4or 5	+)	Homem	aker			Own Ho	me	
p	othe vent,	BeC	17. Fether's Neme (First, Middle, Last)					18. Mother's Na	me (First, Middle	, Meiden Sumen	10)	
/al	Mente Mente treed treed	To	Freeman Deitz					Bridget	McHatto	on		
an	and h	-	19e. Informent's Neme/Relationship (7	Type, Print)		19b. Meiling	Address (Street	t end Number or R	ural Route Numb	er, City or Town,	Stete, Zip Code)
Σ	and salth		Carolyn Palmatie	r - Daught	er	1015	East 3rd	d Street,	Berwic	k, Penns	ylvania	18603
ore	of He		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐	Demonstrate Charles			ition (Neme of etory or other pia	ice)	Dete	20c. Location -	City or Town, Si	ate
altimore,	Peg nent: h		4 □ Donetion 5 □ Other (Specify		For	t Line	oln Ceme	etery 10)/28/96	Brentwo	od, Mar	yland
Balt	Departr Departr Importu eny inje		21. Signeture of Funerel Service Licen	see		Fr		asch's So				
	-		23a. Part1. Enter the disease, or comp	plications that caused	the death			imore Ave				land eximete
7	Physician /Medical Examiner	er	shock, or heert feilure. List only of Immediate Cause (Fine) disease or condition resulting in death)	a. Chronic	Obst:	cuctiv es e consequ		nary Dise	ase			rai Between t and Deeth
Box 68760,	eeth certificete be executed ettending physician end I for use es the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	c		es e consequ					1	
0.	he et	sici	Pert II. Other significant conditions co	ontributing to death bu	it not resulti	ing In the un	deriying cause gi	ven in Part I.	23b. Dld	tobacco use co	ntributa to the c	ause of death?
s, P.O.	res thet the de signed by the e I be detached f	by Phy	Hypertension, An	xiety, Hya	atal E	Hernia			10	Yes 2 No	3 Probably	4) Unknown
Vital Records,	been should	Completed	Hypothyroidism				1000			s an autopsy ormed?	24b. Were au aveilable completi of death?	prior to on of cause
	The ate h	Con							10	Yes 2 No	1 □ Yes	2□ No
/ita	slan; entific ector,	Be	25. Wes case referred to medical examiner?					26. Plece of De	eth (Check only	one)		
=	Attending Physician: The law or deeth. ector: After this certificate has by the funeral director, page 2	2	1 ☐ Yes 2 🕅 No			R/Outpatient	3□ DOA Ot	her: 4 Nursing I	lome 5□Res	idence 6 □Oth	er (Specify)	
Division of	fler the	on:	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	28a. Dete of Injur (Month, Dey	Year) 2	8b. Time of Injury	28c. Inju Wo		28d. Describe	how Injury occur	red	
Sio	uttendi deeth. ctor: A y the fu	Certification:	2 Accident investigation 3 Suicide 6 Could not be				M 1	Yes 2□No				
>	or Attencafter deeti Director:	E	4 Homicide determined	28e. Plece of Inju building, etc	iry - At hom . <i>(Specify)</i>	e, ferm, stre	et, factory, office			(Streat and Numb wn, Stete)	er or Rurel Rout	e Number,
	urs a	-										
	To the Hospital or Ati within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 1△ Certifying Phy 2 Medical Exam	rsician: To the best o iner: On the basis of end manner sta	examinetio	edge, deeth n and/or inve	occurred et the ti estigation, in my	me, dete end plece opinion, deeth occe	e, end due to the urred et the time,	cause(s) and me , dete end place,	enner as stated. and due to the c	ause(s)
	Vita Co	Σ	29b. Signeture end title of certifier	. 00	his		29c. Licens	se number		29d. Dete signe		'ear)
1			Adilla	11/2	MD)	D403	395		10/3	4196	
(5)		30. Neme and eddress of person who of Saraswathy Ramac				•	Center	Drive #	430. Gre	enhel+	MD
È	Sta	te	31. Dete filed (Month, Dey, Year)	22. Registre			or comway	Contest	21146 11.	,50, 016	CHUCLE,	- 11/
	Registr		OCT 2 9 1996	22. Registre	inliant	arball						

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A Third committee in a complete second committee of the c

permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF I	HEALTH AND		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				BEATT	2. DATE OF			1	3. TIME OF DEATH
	BESSI	6 SM	ITH.			MONTH	EP 2		EAR	6.458 4
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPI	LACE (State or Foreign
	246 09 0292 9e. FACILITY NAME (If not institution, give str		79 YRS.	MONTHS DAYS	HOURS MIN.	Sept.	24 1	917 V	Vils	on, N.C.
œ	Hebrew Home of Gre		acton	Rockvi	OR LOCATION OF D	DEATH		9c. COUNTY		
임	RESIDENCE OF DECEDENT	acci washin	igton	ROCKVI	rie			Montg	gome	гу
<u></u>	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				T	Od. INSIDE CITY
DIRECTOR	Maryland Montgo	omery	Roc	kville					- 1,	XXYES 2 NO
FUNERAL	6121 Montrose Roa	ad		10	20850⁵				OF WH	AT COUNTRY?
뷀	11. MARITAL STATUS	12 MAC DECEDENT CUED	MILLO ADMED	1 10 1110 221						tates
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	O A DIAGO	If yes, ap	CENDENT OF HISPA Pecify Cuban, Mexic			or No 14.	RACE - Black,	- American Indian, White, atc.
┢	Widowed 4 Divorced	JE YES, GIVE WAR OR	DATES	1 TYES	NO Speci	ffy:		E	Tac	k
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b, KI	IND OF BUSI	NESS/INDUS	TRY	
<u>.</u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during mo retined.) I Techni	ost of working					
COMPLETED	6	0	Medica	1 lechni	LCIAN	med	dical			
Ś	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mide	die, Maiden S	umama)	-	
BEC	Jack Henderson				Paulin	ne Art	tis			
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town,	State, Zip Co	de)	
-	Doris J. Brown		4944	Meadow	Bank Di	rive, l	New O	Leans,	La	7012
1	20a METHOD OF DISPOSITION	20	D. PLACE AND DATE	OF DISPOSITION (N	eme of	DATE	7	ATION — City		
	4 Donation 5 Other (Specify)	val trom State	Rest Have	n Cemete	ry	11-3-9		Lson,		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME A	ND ADDRESS OF FA		FD			
	> alex s. Po	ye or.		Pope	Funeral	Homes	Fores	20747		Maryland
	23. PART I. Enter the dieeeses, or co	omplications that cause	ed the death. Do r	not enter the mo	ode of dylng, suc	ch ea cardie	c or reapire			Approximate
- 1	anock, or neart failure. L	int only one ceuse on	eech line.					D. W.		Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) RNEUMONIA									
ı	resulting in death)		A CONSEQUENCE OF							1 DAY
z										
2 ∥	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):						
3	CAUSE (Disease or injury									
HIFICALION	that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF	F):						
	resulting in death) LAST									
2	PART ii. Other eignificant conditione	contributing to deeth	but not resulting i	in the underlyin	a ceuse alven in	Part i 24	In. WAS AN A	Impey A	0.05 14	PRE AUTOPSY FINDINGS
S S	DIABET			the discorryin	A couse diseil ill	7 411 1.	PERFORM		A	MAILABLE PRIOR TO
5		2AL VASCE	AC DI	CFARE		1	YES 2	NO	ő	OMPLETION OF CAUSE IF DEATH?
Σ					·				1	YES 2 NO
2	DID TOBACCO USE CONTR	IBUTE TO CAUSE (UNCERTAL	ΝЦ				
١	EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:					_	
PHYSICIAN: MEDIC	1 TYES 2 NO	1 Inpetient 2 ER/Out		4 Mursing Hom	ne 5 🗆 Rasidence					
- 10	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	URY AT	28d. DESCR	IBE HOW IN.	IURY OCCUR	ED	
ā	2 Accident Investigation	20- 8/ 105 05 1///			YES 2 NO					
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Spe	ecify)	Rreet, factory, offic	•	28t. LOCATIO	ON (Street and fown, State)	d Number or I	Rural Rou	ite Number,
	29e. CERTIFIER									
2		IAN: To the best of my know								
3		: On the basis of axamination	on and/or investigatio	n, in my opinion, o	eath occured at the	tima, data an	d place, and	dua to the ca	iuse(e) a	nd manner as stated.
u I	29b. SIGNATURE AND TITLE OF CERTIFIER	M 0			29c. LICENSE NUI					forith, Day, Year)
5	1	N.D.			D 365	52		OCTO	BE	29 1996
-	30. NAME AND ADDRESS OF PERSON WHO P-TALWAR 6121		_		VILLE	044	0 7 55	C.		
	31. DATE FILED (Month, Day, Year)					Ivij	. 208	フレ		
		32. REGISTRAR'S SIGN	NATURE LA							
	OCT 3 0 1996	Thurs, and the								

State of Maryland / Department of Health and Mental Hygiene 96 34291

							Ce	rtificat	e of	Death			Reg. No.		ONLIN
	Physic /Medi		1. Decedent's Neme (First, Middle WILLIA		ERNON	ST	EPPE					2. Dete of De Month Octobe	eeth Dey	996	3. Time of Deeth 3:50 A.M.
	Exami		4e. Fecility Name (If not institution 7103 Hillmeade)				4b. City, To Bowie	own, or Lo	ocation of Dee	4c. County Princ	of Deeth e Geo	orges
a	Funeral Director		5. Sociel Security Number 028–22–3611	6. Sex		ge (In yrs. I 73	est birthday) Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	6. Dete of Bi (Month, D September	irth ley, Xear) 1923	9. Birth Cou Vi:	plece (Stete or Foreign intry) rginia
	with the Maryland a or 28a-f show	tor	Usuel Residence of Decedent 10e. State 10b. County Maryland Prince	ce Geo	orges	10c. City	, Town or Lo Bowie	ocation							10d. Inside City Limits 1 Yes 2 No
	th with the 23a or 28a	Funeral Director	10e. Street end Number 7103 Hillmeade	Road				10f. Zip 20	0 Code 0720)			10g. Citizen of U.S.	Whet Cou	intry?
020	or items	by	11. Maritel Stetus 1 Never Married Marri 3 Widowed 4 Divorced	ed 1	es Decedent med Forcas Ø Yes 2 ☐ Yes, Give ear or Detes:	7 _{No} 6/26	1/40	Was Deced If Yes, spec				ecify Yes or N Rican, etc.)	Bie	ce - Americk, White	
21215-0020	d within jiene. r than "	Be Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12) 12	t grede com	n ppleted) ollege (1-4or	5+)		dent's Usua kind of wo DO NOT use ef Eng		ipation during mos ed)	t of work	ing	16b. Kind of B		
Maryland	s 1 end 2 should be filed. I Health and Mental Hygis tem 27 is marked other. other traumatic event, II	To Be C	17. Fether's Neme (First, Middle, Henry Lewis S							18. Mothe Wilm			e, Meiden Sumer hes	ne)	
	1 end 2 sho Health and i em 27 is me		19e. Informent's Neme/Reletionsl Mary Catherine				19b. Meili 7103 F	ng Address Tillmæ	Stree Ede F	t end Numbe Coad, B	er or Rur DWIE,	MD 207	ber, City or Town 20	, Stete, Zi	ip Code)
altimore,	age anto T: If I		20e. Method of Disposition 12 Suriel 2 Cremetion 4 Donetion 5 Other (St		rel from Stete	CE	lece of Dispo emetery, cre yland V	metory or o	ther ple		C	otober 31, 199	20c. Location Chelter		own, Stete
Ball	permit. Pa Departmer Important any injury pance.		21. Signature of Funeral Service 1	Densee	u l	_	F	Rendo	n/Ha		nera	1 Home		207	06
	Physician /Medical Examiner	ı,	23a. Part. Enter the disease, or abook, or heart failure. List of the disease or condition resulting in deeth)	one cer	use on each i	Due to (or	es e conse	quenca of):	de of dy	ing, such es	cardiec	or respiretory	errest,		Approximate Interval Between Onset and Death
Box 68760,	eath certificete be executed ettending physician and for use es the buriel-trensit	n/Medical Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	c		Due to (or	es e consecues es e consecues	quence of):	Coc	Сои-	- M	1 CAAS	TATIC.		1 week. 20 mouth 22 month
P.O.	the d	y Physician	Pert II. Other significant condition	ns contribut	ing to death I	out not resu	iting in the u	inderlying o	ause g	iven in Pert I	l.	23b. Did tobacco use contribute to the cause 1 Yes 2 No 3 Probably 4			to the cause of death?
Records,	2 s	Completed by										24a. Wa	s an autopsy formed?	6	Vere eutopsy findings velieble prior to ompletion of cause f death?
al H													Yes 2 No	1	☐ Yes 2☐ No
Vital	Physician: rthis certific mal director,	To Be	25. Wes case referred to medical exeminer? 1 ☐ Yes 2 ☐ No	Hospit	el: 1 🗌 Inpati	ent 251	ER/Outpetier	nt 3 DC) OI	ther:	e of Deet ursing Ho	h (Check only	one)	ner (Snec	ihr)
ion of	로 도 T	ation: T	27. Menner of Deeth 1 Neturel 5 ☐ Pending 2 Accident Investig	ation	a. Dete of tnji (Month, De		28b. Time o Injury		28c. tnju				how Injury occur		.,,
Division	lat or Atta	Certification:	3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, farm, street, fectory, off building, etc. (Specify)						y, office			28f. Location City or To	(Street end Num own, Stete)	ber or Rui	ral Route Number,
	To the Hospital or Attanding Ph within 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one) Certifying	xamtner: C	: To the best In the basis on and menner st	of examineti	vledge, deetl ion end/or In	h occurred vestigetion	et the t	ime, dete en opinion, dee	d plece, oth occurr	and due to the red et the time	e cause(s) end m , dete end plece,	anner es end due	steted. to the cause(s)
	with com	2	290, Signature and the of certifier	fe	Z	M)		. Licen	se number	52.		29d. Date signe	8 C	96 -
	(10)		30. Name and eddress of person v 20 Bev TO A	DEPE	TR151	10 14	1300	9ALL	129	Foxl	A A	TWIE !	7d 20	74	
	Sta Registr		31. Dete filed (Month, Dey, Year) OCT 2 9 1	996	Jan a	ars Signet	charle	4							

			State	of Maryland		ent of He ate of De			9	6 31	292
			Decedent's Name (First, Middle, Last))	ate of Di		Re Dete of Death	g. No.		ime of Death
	Physici /Medi		Robin R. S	Stapl	29		1	Month	Pey	Year 5	:23 PM
	Examir		4a Facility Name (If not Institution, give street and I	7. Age (In yrs. les	Onter St birthdey) If Unit Month	der 1 Year	City, Town, or Local	Date of Birth	49 County UNN	of Deeth	ND e/ State or Foreign
	Director		214 52 7344 1⊠M 2□F	48	Yrs.	is Days			1947		gton D.C
	/and		10a. State 10b. County	10c. City,	Town or Location					10d. In:	side City Limits
	the Men 28a-1 sh	Funeral Director	Maryland Anne Arundel	Lc	othian	Zip Code		10	a Chizen of V	1 [What Country?	Yes 22KMo
	3a or	DI	5841 Conte Drive			20711			nited		
	death	ner	11. Maritai Stetus 12. Was De	ecedent Ever In U,S. Forces?			anic Origin? (Specif Mexican, Puerto Ric		14. Rac	e - American Inc	lien,
020	ges 1 end 2 should be filed within 72 hours efter death with the Meryland it of Heelth and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examiner must be incitified at	b		s \${\footnote{\sqrt{No}}}No			Specify:	an, etc./	Specify	k, White, etc. Whi	te
5-0	72 ho inatur	Completed	15. Decedent'a Education (Specify only highest grade complete	d)	16e. Decedent's U (Give kind of	work done dur	on ing most of working	1	6b. Kind of Bu	islness/Industry	
121	within ene.	idu		(1-4or 5+)	'Me DO NOT Computer		1det		A TT	c m	
d 2	Hygid officer ont, p	Be Co	17. Fether's Neme (First, Middle, Last)		Jompater		3. Mother's Name (F	First, Middle, M		& T	
/lar	2 should be filed within end Mental Hygiene. Is marked other than aumatic event, the Manada and Man	To B	Herbert Staples				Rae Stap	les (I	Phillip	s)	
Maryland 21215-0020	th end I		19a. Informant's Neme/Relationship (Type, Print) Nancy Staples Wi	ife	_		Number or Rural F ve Lothia)
ē,	f Heel from 2 other		20e. Method of Disposition	20b. Plac	ce of Disposition (f	leme of				City or Town, S	tate
imo	Page net: If Iry or		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donetlon 5 ☐ Other (Specify)	m State	tropolita		atory 10	129/96	Alexan	dria Vi	rginia
Baltimore,	permit. Pages 1 end 2 Department of Heelth e Important: If item 27 is any injury or other tra		21. Signature of Funeral Service Licens (e	en Pla	Rober		vans Fune		-		
	35200		23e. Pent1. Enter the disease, or complications that shock, or heart failure. List only one ceuse or	t caused the death.	Do not enter the m	Ode of dying,	olis Rd. such es cardiec or r	Bowie lespiretory erres	Md. 207	715 Appr	oximate val Between
	Physician /Medicai		-							Onse	t and Death
	Examiner		disease or condition resulting In deeth) a.	neum	as a consequence of	6)-				3	4 days
	D #	ner		20P ST'S	S a consequence (
	sete be asscuted hysician and the buriel-transit	Examiner	Sequentially list conditions,	Due to (or a	is a consequence of	f):					
8760,	be ay	dicai E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events								
9	ificete g phys es the	edic	resulting in deeth) Last	Due to (or es	s a consequ <i>e</i> nce o	f):					
Вох	death certific e ettending p ed for use es	an/M	d							1	
	the ett	Physician/Me	Part II. Other significant conditions contributing to	death but not resulti	ing in the underlyin	g cause given	in Pert I.	23b. Did tob	acco use cor	ntributs to the o	ause of death?
, P.O.	ed by detac	y Ph	Hypertension					1 □ Ye	2 2 No	3 Probably	4 Unknown
Records,	redu	Completed by						24a. Was an periorm	autopsy ed?	24b. Were au available completi	on of cause
	The law ate has b page 2 s	дшс						1□ Yes	200	of deeth	
Vital	iclen: The lav certificate has rector, page 2	0	25. Was case referred to medical			2	6. Place of Death (0		/\	1 □ Yes	2 I NO
of V	Physicien: this certific ral director,	To B	examiner? 1 Yes 2 No Hospitel: 1	Inpatient 2 EF	R/Outpatient 3	DOA Other:	4 ☐ Nursing Home			er (Specify)	
n o	ing PI			e of Injury onth, Dey Year)	6b. Time of Injury	28c. Injury at Work?		d. Describe how	v Injury occurr	red	
Division	Attending or deeth. ector: After by the fune	licat	2 Accident investigation 3 Suicide 6 Could not be	ce of Injury - At home	M e form street fact		s 2 □ No 28f	Location (Str	eet and Numh	er or Rurel Rout	e Number
οį	al or A after Direct d in by	Certification:	4 ☐ Homicide determined bui	Iding, etc. (Specify)	e, iaiii, street, iact	ory, ornos		City or Town,	Stete)	0, 0, 1,0,0,,,,0	o rvanibor,
	To the Hospital or Attending Physicien: within 24 hours after deeth. To the Funerel Director: After this certific prompletely filled in by the funeral director.	edical (29a. Certifier (Check only one) 1 Certifying Physician: To the Check only one)	he best of my knowle basis of examinetion anner stated.	edge, death occurre n end/or investigeti	ed et the time, on, in my opini	dete and plece, end lon, death occurred	due to the cer at the time, da	use(s) end me te end place, e	nner es stated. end due to the c	euse(s)
	vithin To the	Me	29b. Signature and title of certifier		1	9c. License n	umber	29	d. Dete signe	d (Month, Day,)	(ear)
	(* Africaen M	0		D44	838		10 -	24-9	4
	(10)		30. Name and address of person who completed se	use of deeth (Item 2:	(Type, Print)	mo	2077	8	*		
1	Sta Registr		31. Dete filed (Month, Dey, Yeer)	Registrar's Signetur	Rodott	1					

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

34293

					Cel	Titicate	or Deal	in		Reg. No.			
Physicia	an.	1. Decedent's Neme (First, Middle							2. Dete of D Month	eath Dev	Yeer	3. Time of Dee	
/Medica		George A						0	CTOBE		1861	4:00a	
Examine		4e. Facility Neme (If not Institution	n, give street and i	num <i>ber)</i>					ocation of Dee	th 4c. County	of Deeth		
	ш	Johns Hop	Kies	H05p.	last		B	214,0	one	All			
Funeral		5. Social Security Number	6. Sex	7. Age (in yrs. i	est birthday)	If Under 1 Months D	Year If Und	der 24 Hrs.	8. Date of B	irth	9. Birthp	piece (Stete or Fo	
irector		220 70 6861	1 ⊠ M 2□ F	30	Yrs.	WOUTER	ays Hour	J WIII I.	(Month, C Jan. 6	,1966	Washi	ington I	
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r 28a-f show ancitfied at	N	Maryland Prince	Coorgo		, Town or Lo Bowie	cation					1	0d. Inside City L	
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or 2	Sign of	10e. Street end Number				10f. Zip Co	ode			10g. Citizen of	Whet Cour	ntry?	
230	70	2623 Kinderbro	ok Lane			2	20715			United	Stat	tes	
el, or items 23a or Examiner mant be	Funeral Director	11. Marital Stetus	12. Wes De	ecedent Ever in U,: Forces?	S. 13. \	Was Deceden	t of Hispanic Cuben, Mexic	Origin? (Spe	ecify Yes or N	o- 14. Rec	ce - Americ		
0 5	F	1 Never Married 2 Marri		s 2 X No			No Speci		, 0.0.,	Specify			
- 4	d by	3 Widowed 4 Divorced	Yeer or	Dates:						Specify	w. Wi	nite	
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other than vent, the Ma	킅	Elementery/Secondary (0-12)	College	(1-4or 5+)									
T E	ပ္ပ	49 Parish and a series	5		Sales	Repres	sentati			E&B Mari		Inc.	
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marked matic ev	ပ္	William G. Sab					Ca	arol A	. Haze	me			
Is marked raumatic e		19e. Informent's Neme/Reletionsh		-1						ber, City or Town,			
item 27 is marked other than "natur other traumatic event, the Medical		William G. Sab	a rat	her				Lane	powre	Marylan		20715	
7 0 Te	- 1	20e. Method of Disposition 1 Buriel 2 Cremetion	3 □Removel from		ece of Dispo: me <i>t</i> e <i>ry, cr</i> em	sition (Neme netory or othe	of r plece)		Dete	20c. Location -	City or To	wn, Stete	
ant:		4 ☐ Donetion 5 ☐ Other (Sp		St.	Demet	rios (Church	Cemet	ery 10	/31/96 E	Baltin	nore Md	
Important: If item 27 any injury or other tr once.		21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Robert E. Evans Funeral Home, P.A.											
2 5 8 8		Robert	Cirm	2 KAL						Md. 207			
		23a. Pert1. Enter the disease, or	complications tha	t caused the deeth	. Do not ente	er the mode o	f dylng, such	es cardiac o	or respiretory	errest,	15	Approximate	
sician	23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on each line.											Onset end Dec	
ledical		Immediate Cause (Final disease or condition resulting in death) a. Adult Responsatory Districts a. Adult Responsatory Districts								15	2000		
aminer		resulting In death) Due to (or es e consequence of):							1 2	my			
-	ne										15)a	
nding physician and usa as the burial-transit	Examiner	Sequentielly list conditions.	b	Due to (or	es e conseq	uence of):						Jay J	
he b	Ca										vay)		
ng pt	n/Medicai	d. Eosino shilic Primary by mohoid disorder							1	Yeor1			
andi r usa		`	4. <u>COSI</u>	4.1.	C 4	· no	2 12.	who	0.9	41201900	-	16573	
igned by the atta	Physicia	Pert II. Other significant condition	ns contributing to	death but not resul	tina in the un	derlving caus	e given In Pe	rt I.	23b. Did	tobacco use co	ntribute to	the cause of d	
by the	ڄُ	,								/.	use contribute to the cause of dea		
peu ep e		malnuter	100						'-	100 2,5-40	00.10	A.S., 4_ 0	
been signature should be	Completed by									s en eutopsy	24b. We	ere eutopsy findi	
sho sho	ig	Immarocon	Prom	sed					perf	omed?	cor	elleble prior to apletion of caus deeth?	
page 2	Ē									No.			
cartificate rector, pag		25. Wes case referred to medical								Yes ZNo	1 L	Yes 2 No	
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2 2 1	0	27. Menner of Death			R/Outpetient 28b. Time of		401			idenca 6 □Oth		1)	
After	10	1 SNatural 5 Pending		e of Injury onth, Dey Year)	injury	м 200.	Injury at Work? 1 ☐ Yes 2 [Lou. Describe	now injury occur	160		
y the fu	20	3 Suicide 6 Could n	ot be	ce of Injury - At hor	no form etro				Of Location	(Street and Alumb	or or Pum	I Pouto Alumbar	
Director: After	Certification:	4 ☐ Homicide determine	bull	ce of Injury - At hor ding, etc. (Specify)	no, rom, stre	et, lectory, or	nud.		City or To	(Street and Numb wn, State)	or or mura.	r noute rum <i>ber</i> ,	
ie g		29e. Certifier The Certifying	Dh. alalaa X. s										
Tal S	edical	(Check only one)	xaminer: On the	ne best of my know bests of examinetic	iedge, deeth on end/or inv	occurred et the estigetion, in i	ne time, date i my opinion, di	and pieca, e eeth occurre	and due to the ed et the time,	ceuse(s) end me dete end place,	enner es ste end due to	eted. the cause(s)	
To the Funeral Directory filled in b		29b. Signeture end title of certifier	end me	nner steted.			cense numbe						
F 8		200. Organization and title of Centile?	\ 1				1001000000			29d. Dete signed			
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7/		30. Neme end eddress of person w	no completed cau	use of deeth (Item :	23e) (Type, F	Print)							
1			600 N.W	OLFE STR	EET, B	ALTIMO	RE,CIT	Y, 2	1287				
State	-	31. Dete filed (Month, Day, Yeer)		Registrer's Signetu									
Registrar	r	OCT 3 0 19	to July	Davidson-1	Cardall								

Section 1

State of Maryland / Department of Health and Mental Hygiene 96 34294

					Cert	ificate of	Death	F	Reg. No.		
			Decedant's Nama (First, Middla, Last)					2. Data of Das		V200	3. Tima of Death
. 1	Physic		WILLIAM A	RTHUR	SHA	NKLIN		Month 1 ()	Day 2.7 1	Year 996	1:00 AM
	/Medi Examir		4a. Facility Nama (If not institution, giva stree	t and number)			4b. City, Town, or Lo				
	EAUTITO		Magnolia Gardens	Nursing H	ome		Lanham		Princ	e G	eorge's
	Funeral		5. Social Sacurity Number 6. Sax	7. Aga (In yrs. last	birthday)	If Undar 1 Yaar	If Undar 24 Hrs.	8. Data of Birti (Month, Day			laca (Stata or Foreign
	Director		229-16-4528 1√2 M Usual Rasidance of Decedant	^{2□ F} 78	Yrs.	Months Days	Hours Min.)-1918		
	yland		10a. Stata 10b. County	10c. City, To	own or Loca	ation				1	0d. Insida City Limits
	Mer I	ţō	MD Prince Geo	orge's Rla	dens	hura					13€ Yas 2 No
	r 284	Director	10e. Street and Number	101.0	90110	10f. Zip Coda			10g. Citizan ot W	Vhat Coun	itry?
	3a o	0	3901 53rd Street	#4		2071	0		U.S.A		
	deatl	Jer	11. Marital Status 12. V	Vas Decedant Evar in U.S.	13. W		Hispanic Origin? (Spe ban, Maxican, Puarto	cify Yas or No-	14. Race		an Indian,
0	permit. Pages 1 end 2 should be filed within 72 hours after death with the Meryland Depertment of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	Funeral	1 Navar Married 2 Married 1	rmed Forcas? ☐ Yas 2 No				Hican, atc.)	i	k, Whita,	atc.
02	al', o	by	3 ☐ Widowed 4 ☐ Divorced	Yas, Giva Yaar or Datas:	11	□Yas 2∑XNo	Specify:		Specify	B1	ack
5-0020	72 ho	Completed	15. Decedant's Educatio		Sa. Deceda	int's Usual Occu	pation a during most of worki	ina	16b. Kind of Bu	sinass/Ind	dustry
2121	thin 7	ple	(Specify only highast grada cor Elementery/Secondary (0-12)	Collage (1-4or 5+)	lifa. Do	O NOT usa ratire	a dunng most or worki ed)	ng			
	d wi	NO.	8th		Ca	rpente	r		Priv	rate	
pu	office vent	Be (17. Fathar's Nama (First, Middla, Last)				18. Mothar's Name			a)	
la	uld t Vent rked rked	10	Charlie Shankl	in			Mary	Lou J	ordan		
Maryland	sho and l	ľ	19a. intormant's Name/Ralationship (Type, I	Print) 1	9b. Meiling	Addrass (Stree	et and Number or Rure	al Routa Numbe	r, City or Town,	Stata, Zip	Code)
	end Selth		Judith Bennett/0	anddaughter	2706	Bartle	tt Lane, E	Bowie, A	Maryland	207	15
Sre	of He		20a. Mathod of Disposition	come	of Disposi	ition (Nama of atory or other pla	ace) 1	Data	20c. Location -	City or To	wn, Stata
Baltimore,	Page mt: #		1 Burial 2 □ Cramation 3 □ Ramo 4 □ Donation 5 □ Othar (Spacify)	vai from Stata		oln Cem) 1	.0/31	Brentwo	od,	Maryland
att	mit.		21. Signatura of Funaral Sarvice Licansee	1		Nama and Addr		. 550			
Ö	Depermine Depermine Important Irriginal Irrigi		Nancy A. P.	ercentie			KINS FUNE				2 00705
			23a. Part1. Entar tha disaase, or complication shock, or haart failura. List only ona ca	ns that caused the death. D	0 not antar	74 Land	over Road	Landor raspiratory ar	ver, Mar rast.	ylan	Approximate
Į,	Physician		shock, or haart failura. List only ona ca	usa on aach lina.		,		,			Approximate Intarval Batween Onset and Death
9	/Medicai		Immediata Causa (Finai	Λ						į	
	Examiner		disaasa or condition rasulting in daath) a	Aspiration						<u> </u>	Days
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	uted	Examiner	b. —	Coma Dua to (or as						1	I month
,	exec n end iaf-tra	Exa	Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaase or Injury that initiated avants	4.1	4					1	month
760	sicia bur		Cause (Disaase or Injury c	Hypokic C.		alopath	7			-	1 month
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Bo	v requires thet the death cer been signed by the attendin should be deteched for use	Physician/	Part II. Other elanificant conditions contribu	ting to dooth but not requisite	- In the cont	daub dan anuna	ivan la Dari I	ash Dida	-h	dulle, stor to	the sauce of death?
P.0	the c	hys	Part II. Other significant conditions contribu	ung to death but not rasuming	in tha unc	anying causa g	ivan in Part I.	167			the cause of death?
	thet det	by P	Diabetes mellitus	TYLE II	Anem	ia		160	res 2 No	3 P101	Sabiy 4 Onknown
Records,	uires sign			,				24a. Was	an autopsy	24b. W	ara autopsy findings
000	> 11 (t)	ete						perfo	med?	CO	allable prior to mplation of cause
Re	hes hes	Completed								1	death?
	: The licate he							101	as 2 No	1 L]Yas 2□ No
Vital	Physician: The this certificate and director, pag	Be	25. Was casa raterred to medical axaminar?	tel:		0	26. Placa of Death				
of	this aldi	70	TLI TRS	1 L Inpatiant 2 L ERV	Outpatient	3LI DOA	4 Let Nursing Ho		ence 6 Othe		y)
E	Ing I	Certification:		Ba. Deta of Injury (Month, Day Year) 28t	o. Tima of Injury	28c. inju	ork? ☐ Yas 2 ☐ No	280. Dascribe r	ow Injury occurr	e d	
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.≥	or A Direction by		4 Homicide dataminad	Be. Plece of Injury - At homa, building, atc. (Specify)	iarm, stree	et, tectory, office		City or Tou	Street and Numb n, State)	er or nora	r nodia Number,
Ц	To the Hospital or Attending Physician: within 24 hours after deeth. To the Funeral Director: After this certific completely filled in by the funeral director.		29e. Cartifiar 1 Certifying Physicien	. To the book of an income and							
	Hos Pun Fun	edical	(Check only 2 Madical Examiner:	To the best of my knowled on the basis of axamination and mannar stated.	ga, daath d and/or Inve	stigation, in my	opinion, deeth occurr	ed at tha time,	ause(s) end ma date end placa, a	nnar as si and dua to	tha cause(s)
	thin the	Me	29b. Signature and title of certifie/	and mannar stated.		29c Licen	isa nu <i>m</i> ber		29d. Data signed	1 (Month	Day Year)
	£ ₹ ₹ 8		1,0,100	0(-)						1	
	(G)		ven nyheil	en		L D	1740		1016	- 5 / 7	6
	(8)		30. Nama and addrass of person who comple	oted causa of death (Itam 23s	a) (Type, Pi	rint)	22780 . Creenbe	LIMO	2-220		
	()		31. Data filed (Month, Day, Year)	32. Registrar's Signatura	nway	ILY. by	, Weenhe	AT MO	20170	,	
	Sta			32. Registrar's Signatura	0						
	Registr	ar	OCT 3 0 1996	July attaubles	rardall						

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State of Maryland / Department of Health and Mental Hygiene 34295 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month SWEENEY, JR LOUIS DAVID 10 5:30 PM /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Ft. Washington Prince George's 6801 Bock Road #119 If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 09-13-43 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1 □ M 2 □ F 53 578-56-6935 Yrs. Director Maryland Usuel Residence of Decedent the Marytand 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Ft. Washington 1 Ves 2 No Completed by Funeral Director 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? WIES 8 20744 USA 6801 Bock Road #119 Homs 23a 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 'natural', or Itan dical Examiner filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2XO(No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Black 3 Widowed 4 X Divorced Hygiens. other than "nature ent, the Medical E 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Warehouseman Private 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be tent of Health and Mental Louis David Sweeney Sr. Cleaster Rone 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 a Department of Health an Important: If them 27 is any Injury or other frau once. 914 Newington Court, Capitol Heights, MD 20743 Shannon Sweeney/Son 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 □XBurial 2 □ Cremetion 3 □ Removel from State 10/29/96 4 ☐ Donetion 5 ☐ Other (Specify) Maryland National Cem. Laurel, Maryland 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility J. B. Jenkins Funeral Home Nancy 23a. Pert1. Enter the divises, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate A. Percentre Approximete interval Between Onset end Deeth Physician Cardio Paking aust /Medical West. Immediete Ceuse (Final diseese or condition resulting in deeth) Examiner Physician/Medical Examiner END STAT New P Due to (or es e consequence of): The law requires that the death certificate be executed use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Dialdes Due to (or as e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? is certificate has been signed by director, page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown è Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 2 No 1 🗆 Yes 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 PResidence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No spital or Attending Physnours after death.
neral Director: After this y filled in by the funeral di After this 27. Menner of Death 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital of To the Hospital within 24 hours a To the Funeral Completely filled Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner steted. Medical 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nerge end eddress of person who completed cause of deeth (Item 23e) (Type, Print), 202 Wash, DC 20032. 16/30/96 32. Registrar's Signeture 31. Dete filed (Month, Dey, Yeer) State

DHMH 16 Rev 6/95

Registrar

DCT 31 1996

7 8 1 x 3 State Art and the

CMK

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 27,28a-f, PER MEO FILM State of Maryland / Department of Health and Mental Hygiene G-741 11/15/96 t.t Certificate of Death

riygiciic	96	2	1.	0	c
Reg. No.	20		4	6	

4c. County of Deeth

1978

U.S.A.

	ı
Physician	ı
/Medical	ŀ
Examiner	ı

PEDRAM 4a. Facility Nama (If not institution, give street and number)

SUBURBAN HOSPITAL E.R.

TOUSI 4b. City, Town, or Location of Death

3. Time of Death 30,1996 OCTOBER 1827PM

Funeral Director

show

28a-f

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items 23a

a filed within 72 hours after il Hygiene. other than "natural", or ite

permit. Pages 1 and 2 should be file Depertment of Heelth and Mantal Hy Important: If Item 27 is marked othe any liquy or other traumatic event soils.

Physiclan

t or Attending Physician: The law requires that the death certificate be executed efter death.

Director: After this certificate has been signed by the attending physician and

P.O. Box 68760,

Division of Vital Records,

/Medical Examiner

attending physician for use es the burie

sta has been signed by the a paga 2 should be detached to

Examiner

Physician/Medical

þ

Completed

Be

P

Certification:

Medicai

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Be

5. Sociel Sacurity Number 1 3 M 2 □ F 462-75-0054

BETHESDA | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth Months | Days | Hours | Min. | March 8, |

MONTGOMERY Birthplaca (Stata or Foraign Country)
 Tran Year)

Usuel Rasidance of Dacedant 10a. Stata

10b. County

1. Decedant's Nama (First, Middla, Last)

10c. City, Town or Location

7. Aga (In yrs. last birthday)

18

10d. Insida City Limits

Maryland | Montgomery

North Potomac

1 ☐ Yas 2 ☐ No

10e. Street and Number

10632 Sawdust Circle

10f. Zip Coda 20850 10g. Citizan of What Country?

1 Navar Merried 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Datas:

 Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1□ Yas 2 No Specify:

14. Race - American Indien. Biack, White, atc. White Specify:

15. Decedant's Education (Spacify only highast grada complatad) Elamantery/Secondery (0-12)

College (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12

Student

Education

17. Fathar's Nema (First, Middle, Last)

18. Mother's Nama (First, Middla, Maiden Sumama)

2. Deta of Death

Month

Jalil Tousi

19a. Informant's Neme/Ralationship (Type, Print)

Roghieh Elmi

19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda)

Jalil Tousi - Father

20b. Plece of Disposition (Nama of cemetary, cramatory or other place)

10632 Sawdust Circle N. Potomac, MD 20850

20a. Mathod of Disposition

1 XBurlal 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)

National Memorial Park

20c. Location - City or Town, Steta 11/02/96 Falls Church, VA.

21. Signature of Funarai Service Licensea

22. Name end Addrass of Fecility

BLASIUS-BAKER FUNERAL HOME

Har

9320 West Street 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line.

Manassas, Va. 20110

Immediata Causa (Final disaasa or condition resulting in deeth)

Yulfiple

Dua to (or as e consequance of):

Dua to (or es e consequance of):

Sequantially list conditions, if any, laeding to immediata causa. Entar Undarlying Cause (Disease or Injury that initieted evants resulting in daath) Last

art II.	Other	significant	conditions	contributing to death	but not rasulting i	n tha	undarlying causa	givan in	Part I.

23b.	Did	tobacc	o use	contribut	te to	tha	cause	of dea	uth?
	10	Yes	2 N	o 3 🗆 I	Prob	ably	N.	Unkn	owi

24a. Was an autopsy performed?

24b. Wara autopsy findings avellable prior to

1X Yas 2 □ No

completion of cause of death? Nas 2 No

Approximete Intarval Batween Onsat and Death

25. Wes cesa referred to madicel axaminar? 1 XYes 2 No

27. Manner of Death

1 Natural

XX Accident

3 ☐ Suicida

4 Homicida

Data of Injury (Month, Day Year) 5 Panding Invastigation

10-30-96

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of Injury 3:35

28a. Place of Injury - At homa, farm, straat, fectory, office building, atc. (Specify)

STREET

28c. Injury at Work? 1 Yas 2 No

Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 28d. Dascribe how injury occurred

MOTOR VEHICLE COLLISION

26. Placa of Deeth (Check only ona)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) RT. 270 NEAR 495 DIVIDE ROCKVILLE, MD.

29a. Certifier (Check only one) 1 Certifying Physician: To tha best of my knowledge, daath occurred at the tima, data and place, and due to tha causa(s) end manner es ststed.

2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, daath occurred at the tima, data and place, and dua to the ceuse(s) end menner steted.

29b. Signatura and title of certifier

29c. Licansa number

29d. Data signed (Month, Day, Year)

allute in

O.C.M.E.

NOVEMBER 01, 1996

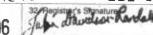
30. Nama and addrass drarson who complated ceusa of daath (Item 23a) (Type, Print)

Chute no Dennis J 31. Data filed (Month, Day, Year)

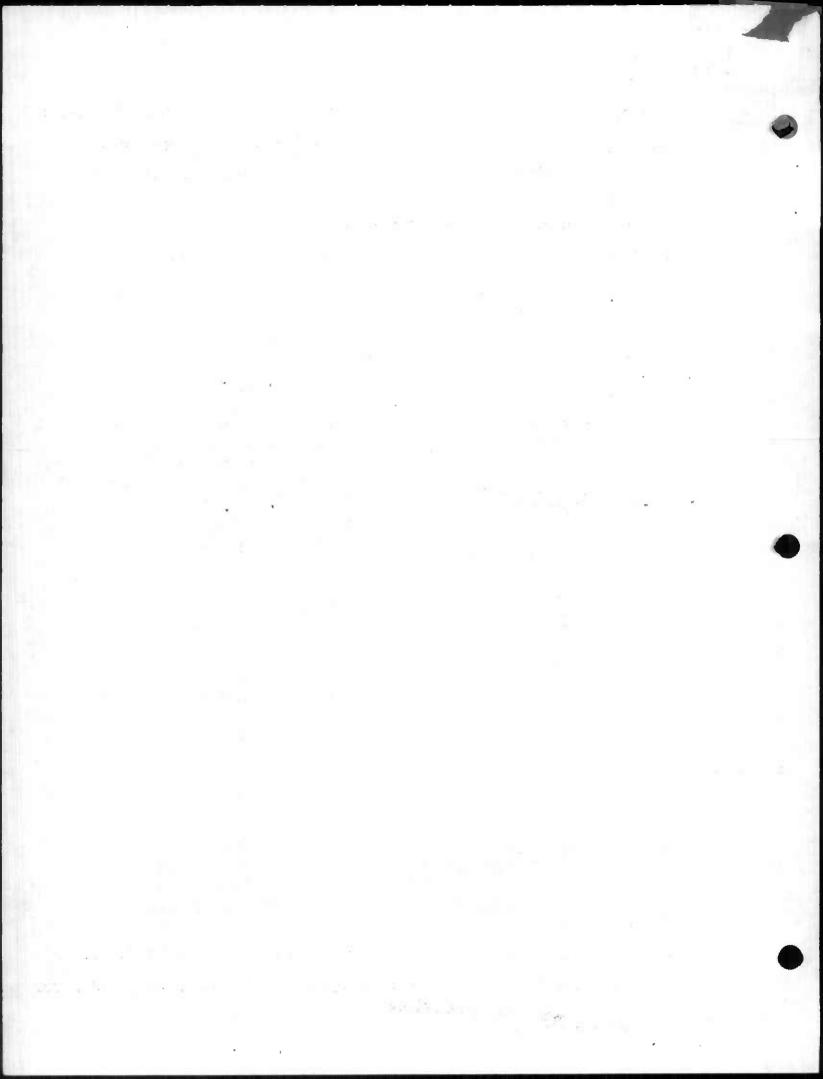
111 Penn Street, Baltimore, Maryland 21201

State Registrar

6 Could not be daterminad



To the Hospital or Atterwithin 24 hours efter der To the Funeral Director completely filled in by the



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

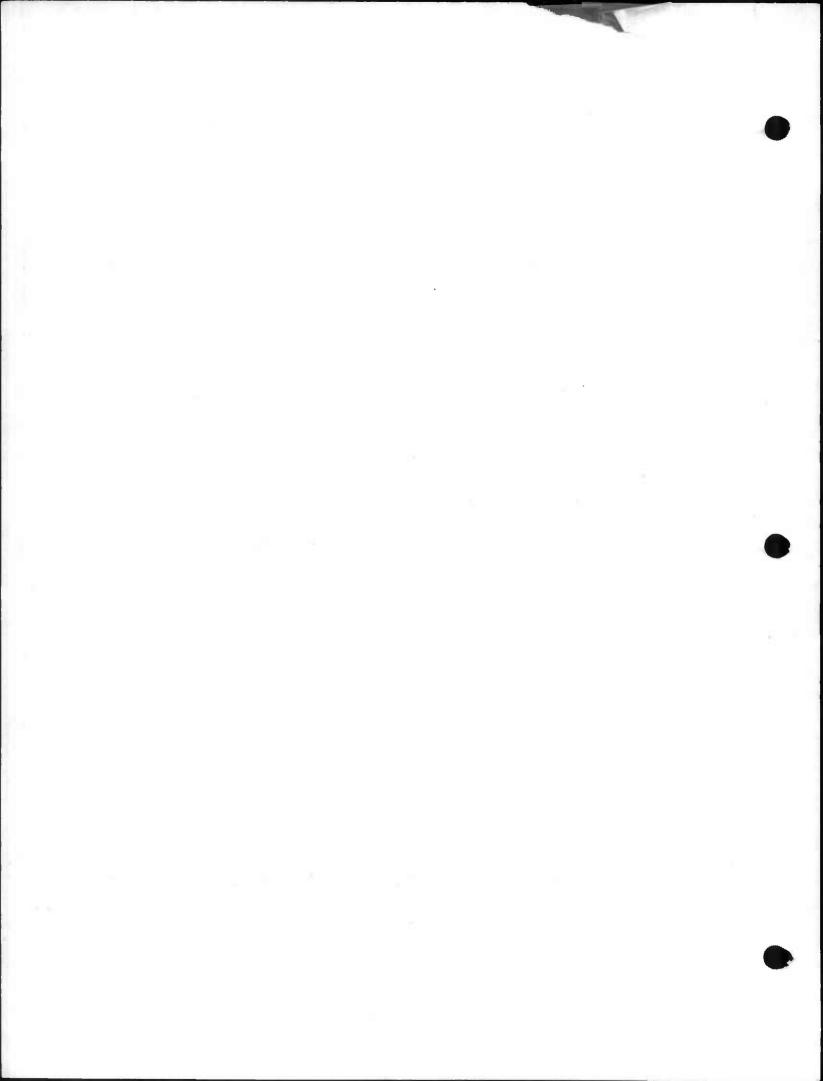
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

NOV 0 7 1996

32 REGISTRAP'S SIGNATURE

										90	34291
•	FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND I	MENTA	L HYGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·			AIL OI	DEAIII	2. OATE	OF OEATH	_	3	. TIME OF DEATH
,	Roger Danie	Tedrick		- and a later			THOM TON	7.1,1 ^M		YEAR	8:00 Fi
	220-09-7624	5. SEX 6. AGE	87	"	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont Ju]	of BIRTH h, Day, Year) LY 6, 1	909	Country) Blg	POOL, MD
Ì	9a. FACILITY NAME (If not institution, give str	eet end number)		91	. CITY, TOWN	OR LOCATION OF DE				NTY OF DEA	тн
DINECTOR	11408 Tedrick	Drive			Big P	ool			shin	gton	
3	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									Ti	0d. INSIDE CITY
- 11	MD Washi					1	LIMITS?				
3	10e. STREET AND NUMBER				1	of. ZIP CODE					AT COUNTRY?
	11408 Tedrick	Drive				21711			1	J.S.	Α.
DI FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 TWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 💢		If yes, s	CENDENT OF HISPAR Specify Cuban, Maxica S 2 NO Specif	in, Puerto		or No-	Black,	- American Indian, White, atc.
- 11	15. DECEDENT'S EDUC	ATION	16a, D	ECEDENT'S US	UAL OCCUPAT	ION	161	. KIND OF BUS	INESS/IND		
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(0	Give kind of world b. Do NOT use n	done during ratired.)	nost of working					
	8 years			Farm	er			Farm	iing		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
	Daniel Howard	l Tedrick				Louis	e Ka	athryr	Sh	ank	
	19a. INFORMANT'S NAME (Type/Print)					end Number or Rural					
	Janet Bowers			12338	Waln	ut Poin	t W.	Hager	sto	wn, Ml	D 21740
	20s. METHOD OF DISPOSITION 1 3 Burisl 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completery, crematory or other place) Shanktown Cem. Nov. 5, 1996 Big Pool, Md										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thompson Funeral Home, Inc.										
	11 Janatas	NOFIL	44.	P.O.Box 310 Clear							
	23. PART I. Enter the disease or c shock, pr heart fallure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one ceuse on	each iln	·.	enter the n	ESUP	ch as cer	dlac or reapi	ratory ar	reat,	Approximate interval Between Onset and Death
	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	PART ii. Other significent condition	s contributing to deeth	but not	resulting in	the underly	ing cause given in	Part i.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONTE	RIBUTE TO CAUSE	OF DE	ATH YES	□ NO	UNCERTAL	N \square		'		
	25. WAS CASE REFERRED TO MEDICAL			CE OF DEATH		ө)		1			
	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatiant		THER:	oma 5 Raaldence	s 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y	28b. TIME (OF 28c. I	NJURY AT VORK?		SCRIBE HOW	NJURY OC	CURED	
	2 Accident Investigation 28e PLACE OF INJURY — at home form street factory office. 28f LOCATION (Street and									r or Rural Ro	oute Number,
	one)	CIAN: To the beat of my kn									and manner as stated.
1	29b. SIGNATURE AND TITLE OF CERTIFIER	elant	M	90		D26	IMBER -	23	29d. DAT	E SIGNED	Month, Dal. Yeary
2	30. NAME AND ADDRESS OF PERSON WH	A NOTA	DEATH (IT	EM 27) (Type, P	11116	Media	AC	(4)	14 641	Hou	~ 77217L



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

34298

						Cer	illicate	UI Dec	un		Reg. No.		
	Physic		Decedant's Nama (First, Middla, La: VERA MARIE							2. Data of D Month	Day	Yaar	3. Tima of Death
	/Medi		4a. Facility Nama (If not institution, give		(e)			4h Cit	V Town or	OCTOP		y of Death	5:35 PM
4	Exami	ner	The second second second second second								4c. Count	y or Death	
			Fort Washir					⊥Ft.	Wash	nington	Prin	ce Geo	rge's
Ш	Funeral		5. Social Sacurity Number 6. S		Aga (In yrs. las		If Undar 1 \	ear If U	nder 24 Hrs		irth	9. Birthpla	ice (Stata or Foraign
ш	Director		578-03-1462	□ M ZXXF	77	Yrs.	.vioritino E	ujo 110	101111		5,1919	Mary	
	D		Usual Residance of Dacadant					_			,,,,,,	- MALY	-cuiu
	ytan		10a. Stata 10b. County		10c. City,	Town or Loc	ation					100	d. Insida City Limits
	Mar	ō	Maryland Prince	George's	F	ort Wa	shingt	on					1 Yas 2 No
	the 28s	8	10e. Street end Numbar	ocorge 3	1 (JIL Wa	10f. Zip Co				10- 011	W O	•
	£ 0 8	Funeral Director					TOI. ZIP CO	ua			10g. Citizan of	what Countr	y r
	23 ath	ā	9610 Old Allentow				207	44				JSA	
	a am	in e	11. Marital Status	12. Was Dacedar Armed Forças	nt Evar in U,S.	13. W	as Decedani	of Hispani	c Origin? (Specify Yes or Note Ricen, etc.)	o- 14. Ra	ce - Americai ick, Whita, at	
0	or it	E	1 ☐ Navar Marriad 2 ☐ Married	1 Yes 2						10 1 110011, 010.7			
21215-0020	d within 72 hours after death with the Maryland jiena. r then "natural", or itama 23s or 28s-f show the Medical Examinat must be incited at	b	3 Widowad 4 Divorcad	Yaar or Datas	3:	- '	☐ Yas 2☐	No Spa	iciny:		Specia	White	е
2-0	2 ho	Completed	15. Decedant's Ed	lucation		16a. Dacede	ent's Usual O	ccupation			16b. Kind of E	susinass/Indu	istry
21.5	nin 7	pie.	(Specify only highast gra		- >	(Giva k	ent's Usual O ind of work of O NOT usa r	ona during atired)	most of wo	orking			1
7	the en	E	Elementery/Secondery (0-12)	College (1-4o	r 5+)						D 1 E		
	il Hygied other		17. Fathar's Nama (First, Middla, Last)			٥	ecreta		tother's Ne	mo /First Middle	Real Es		
an an	ould be filed with Mental Hygiena. arked other than atic avent, the M	Be				0		10.14					
K	should by the standard marked matter and standard marked	P	Carl	ton E. Tl							rie Tayl		
Maryland	d 2 should be filed the end Mental Hygrameric avent,		19a. Informant's Name/Relationship (7							ural Route Numi	ber, City or Town	, Steta, Zip C	coda)
	1 and Health em 27		Elmer H. Tippett	, Jr./Ne _l	phew	10210	Snowd	en Rd	. La	urel, M	aryland	20708	
P	f Heali fem 2		20a. Mathod of Disposition		20b. Plac	a of Dispos	ition (Nama a atory or otha	of		Data	20c. Location	- City or Tow	n, Stata
9			1 Burial 2 □ Cramation 3 □	Ramoval from Stat	a								
₽	tand tand		4 Donation 5 ☐ Othar (Spacify		Ceda		1 Ceme			0-30-96	Suitla	and, Ma	aryland
Baltimore,	permit. Page Department of Important: If any Injury of once.		21. Signature at Funeral Service Licen	s ee		C-0	Name and A	ddrass of F	acility	neral H			
ш	40 E 4 9		· Watteller			61	60 0wa	. Nal	1 Da	merar n	ill, Md.	207/	-
			23a. Part1. Enter tha di aasa, or comp shock, or heart failure. List only	olications that ceus	ad tha daath.	Do not antai	r tha mode of	dving, suc	h as cerdia	c or respiretory	arrast.		Approximate
	Dhysician		snock, or heart failure. List only	ona cause on eech	lina.							; k	ntarval Batween Onset and Death
1	Physician /Medical		Immadiata Ceuse (Final		500	c` c							
	Examiner		disaasa or condition rasulting in daath)	a	SCP	717							
		<u>.</u>	Table 1		Dua to (or a	s a consequ	ance of):		0				
	D #	Examiner	Dua to (or as a consequence of): Congestive (flact) fair (une Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause, (Disease or injury Cause, (Disease or injury) C. Charic OKSTACA Dalmery Disease										
	nd		Sequantially list conditions,	Dua to (or es e consequance of):									
o,	an e		if any, laading to immadiata ceusa. Entar UndarlyIng	Chair okdard . Halman Disease									
ox 68760,	n certificate be axecuted synding physician end use es the buriel-trensit	Physician/Medical	Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarflying Causa (Disaese or Injury that initieted avants rasulting in daath) Lest	c. Cras	Due to (or as				_) 1//20	-		
89	fical p ph	ed	rasulting in death) Lest		Doo to (or a.	a conseque	arioo orj.						
×	ding ding	ξ		d									
m	eath etter for u	iar										i I.	
o.	the de	/sic	Part II. Other significant conditions co	entributing to daath	but not rasultin	ng in the und	darlying ceus	a given in F	art I.	23b. Did	tobecco use co	ntribute to t	he cause of death?
P.O.	requires that the death ween signed by the etter hould be detached for u	Phy	Cancer 1	11 11.						10	Yas 2 No	3 Proba	bly 4 Unknow
Ś	gne oe d	by	Concer	1 ad Wes									
Records,	v require been sig shouid t										s an autopsy	24b. Wers	a autopsy findings
ပ္ပ	v rev	Completed								perf	ormed?	com	abla prior to plation of causa
36	The law rate has by pege 2 st	E G										of de	eath?
	The la	ပ္ပ								10	Yas 21 No	10	Yas 2□ No
of Vital	ician: The cartificate rector, peg	Be	25. Was cesa refarrad to medical axaminar?					26. F	lace of De	eth (Check only	one)		
~	yslo Is ce dire	Jo	1 ☐ Yas 2 ☒ No	Hospital:	tient 2 ER	/Outpatiant	3□ DOA	Othar: 4	Nursina I	loma 5 □ Ras	idance 6 □Ott	ar (Specify)	
0	Ph the		27. Mannar of Death	28e. Deta of Inj	jury 28	b. Tima of		njury at Work?		1	how injury occur		
0	After After	to	1 Natural 5 Pending invastigation	(Month, D	ay Year)	Injury	м	Work? 1 ∐ Yas :	2 TNo	-			
S	Attending or death. sctor: After by the fune	ca	2 Accidant invastigation 3 Suicide 6 Could not be	OC - Disco - (1)		415-110-1					(0)		
Division	frer free in by	Certification:	4 ☐ Homicida datarmined	28a. Place of Ir building, a	njury - At noma atc. <i>(Specify)</i>	a, tarm, straa	at, factory, of	ice			(Streat and Numi wn, State)	oer or Hural F	loute Number,
	ital a Del	ပီ											
	hour hour his fill	cai	29a. Cartifier (Check only (Check only 2□ Medical Exam	alcian: To the bast	t of my knowle	dga, daath d	occurred at th	a tima, dat	a and place	, and due to tha	causa(s) and m	annar as stat	ed.
	n 24 n 24 ne Fi	edicai	(Check only 2 Medical Exam	and mennar s	or examinetion	and/or inva	stigetion, in r	ny opinion,	daeth occu	irred at the time,	data and place,	end dua to ti	na ceuse(s)
	To the Hospital or Attending Physician: In the Thomas alter death. To the Funeral Director: Atter this cardification pletely filled in by the funeral director.	Y	29b. Signetura and titla of certifiar				29c. Lit	ense numb	700		29d. Date signe	d (Month, Da	ay, Year)
	1		11/1	7/			70. 4	-0/-					
1	15/		(/4)	/ *				5365			October	27, 1	.996
(19		30. Name end eddress of person who c										
-			Michael Sidarou	s, M. D.	, 11701	Livi	ngston	Rd.	Ft.	Washing	ton, Md.	20744	
	Sta	te	31. Data filed (Month, Dey, Year)	32 Regist	trar's Signatura	0			-				
			141 1 70 12 14 14	1/0 64 4	or 1 to 1 a 1997 \$ _A 40a.	= = = = = = = = = = = = = = = = = = =							

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State of Maryland / Department of Health and Mental Hygiene

34299

					Cei	rtificate	of De	ath			Reg. No.		0 9	200
U_U		1. Decedent's Name (First, Middle, I	.ast)						1	2. Dete of Dec		Ven	3. Tin	ne of Death
	sician edical	ROSALYN B.	TEAGUE							Month Oct. 2	Dey 1996	Yeer	12:	15 P.M.
2	miner	4e. Fecility Nema (If not institution, g	ive streat and num	ber)			4b. C	ity, Town		ation of Death				13 1.11
		7813 Johnson Av	enue					Glen	arde	en	Prin	ce Ge	orge	¹s
Fune	ral			7. Age (In yrs. lesi	t birthdey)	If Under 1	rear If	Under 24		8. Date of Birt (Month, De				ata or Foreign
Direct		213-56-2632 Usuei Residance of Decadent	1□M 2□XF	46	Yrs.	Months D	eys H	lours	Min.	April	1, 1950) Was	hing	ton, D.
5-0020 72 hours efter deeth with the Maryland netural; or items 23a or 28a-f show offer Example True be notified.		10a. Stete 10b. County 10c. City, Town or Location									10d. insid	de City Limits		
Mar Mar	ģ	Maryland Prince	George's	G1	enard	len							1 🙀	Yes 2 □ No
r 284	Director	10e. Straet and Number				10f. Zip Co	ode				10g. Citizen of	Whet Cou	untry?	
If e) Maryland Z1Z13-U0ZU s 1 and 2 should be filed within 72 hours efter deeth with the Marylan f Health and Mental Hygiene. Health 21 a marked other than "natural; or items 23a or 28a-1 show other traumatic event, fire Medical Examiner must be notified as		7813 Johnson Ave	nue				207	06			Un	ited	Stat	es
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8655	a	STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C.												
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or Attendate dest Director:	E	4 Homicida determine	288. PIECE 0	f Injury - At home , etc. (Specify)	, ferm, stre	eet, fectory, of	fice		28	If. Location (S City or Tow	itraat and Num n, Stata)	ber or Run	al Routa I	Number,
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he H in 24 he F	8	one)	miner: On the bes end menne	r steted.	end/or inv	estigetion, in i	my opinioi	n, deetn	occurrec	et the time, o	rate end place,	end due t	o the cau	se(s)
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23.4.

State of Maryland / Department of Health and Mental Hygiene 34300 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2. Data of Death Day Tolley Month 1996 Betty Lee November 4 12:30 am 4e. Fecllity Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Dorchester 115 Belvedere Ave. Cambridge 9. Birthplace (Stete or Foreign Country)
Maryland 5. Social Security Number 1' M 2 F 217-10-8799 Usuel Residence of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Cambridge MD Dorchester 1 1 Yas 2 □ No 10g. Citizan of What Country? 10e. Street end Number 10f. Zip Coda U.S.A. 21613 115 Belvedere Ave. 12. Wes Decedent Ever in U,S. Armed Forcas? Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, White, atc. 1 Yas 2 No If Yes, Giva Yaar or Datas: 1 Never Married 2 Married 1 ☐ Yas 2 ☑ No Specify: 3 € Widowed 4 Divorced 15. Decedant's Education (Specify only highast grada complated) 18a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) Elamantary/Secondary (0-12) Collega (1-4or 5+) state hospital registered nurse 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fathar's Nama (First, Middla, Last) Dunnock Phillips | Elizabeth Almira Elbridge 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 115 Belvedere Ave., Cambridge MD 21613 William W. Tolley - son 20b. Place of Disposition (Nama of cematary, cramatory or other plece)

Dorchester Memorial Park 11-7 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Cambridge Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
Thomas Funeral Home PA 21. Signatura of Funaral Sarvica Licansee Cambridge MD 21613 700 Locust St. 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onsat and Death Immediate Cause (Final disaasa or condition rasulting in death) CARCIMONA OF THE LLUNG Francisco THE Due to (or es a consequence of): Sequentially list conditions, if eny, laading to Immadiata cause. Enter Underlying Cause (Disaese or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 2 Yes 2 No 3 Probably 4 Unknown 24e. Was an autopsy performed? 24b. Ware autopsy findings available prior to complation of causa of daeth? 1 Yas 2 No 1 Yes 2 No 25. Was casa referred to medical axaminer? 26. Place of Death (Check only one) Hospital: 1 | Inpatiant 2 | ER/Outpatlent 3 | DOA Other: 4□ Nursing Home 5™ RasIdence 6 □ Othar (Specify) 1 Yas 25 No 27. Menner of Death 28b. Time of 28d. Dascribe how Injury occurred 28a. Date of injury (Month, Day Year) 28c, Injury at Work? Netural 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be 3 ☐ Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homicida 29a. Certifiar 12 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, data and piece, and due to the cause(s) and manner stated. (Check only one)

The law requires that the death certificata be axecuted Division of Vital Records, P.O. Box 68760, cartificata has this Aftar t Hospital or Attending within 24 hours after death.

To the Funeral Director: Aft
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Physician

/Medical

Examiner

Director

Funeral

Completed

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permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural" or frems 23s or 28s-4 show any injury or other traumatic event. the Medical

Physician

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Certification:

Baltimore, Maryland 21215-0020

30. Name and eddrass of purson who complated causa of daath (Itam 23e) (Type, Print) Shariff M.D. 31. Data filed (Month, Dey, Year)

29b. Signatura end titla of certifier

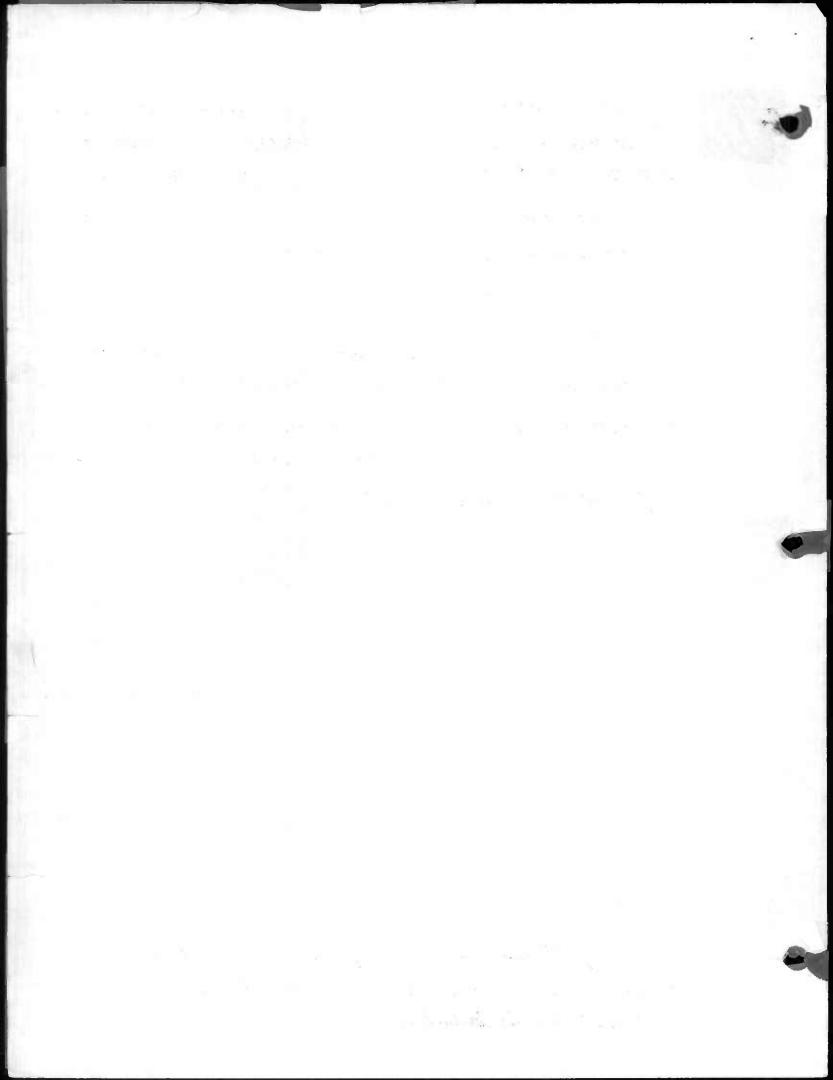
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29d. Data signed (Month, Day, Year)

21613 105 Aurora Street Cambridge, Md

State Registrar

32. Registrar's Signatura This Studen Rardall NOV - 6



Physician /Medica Examiner

_cFuneral Director

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haelth and Mantal Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any Injury or other traumatic event, in Medical Examiner must be notified at once.

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be associted within 24 hours after death.

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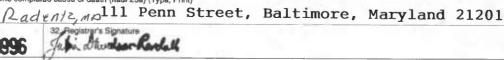
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LARRY WINSTON						DORO'			id, ivialdal	r ournan	16/			
LARRY WINSTON DOROTHY COX 19a. Informant's Name/Ralationship (Type, Print) CLARENCE UNDERWOOD HUSBAND 907 CHATSWORTH AVE. ACCOKEE, MD.														
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State Registrar

Stephen S.
31. Data filad (Month, Day, Year) OCT 3 0 1996



San Armen

34302

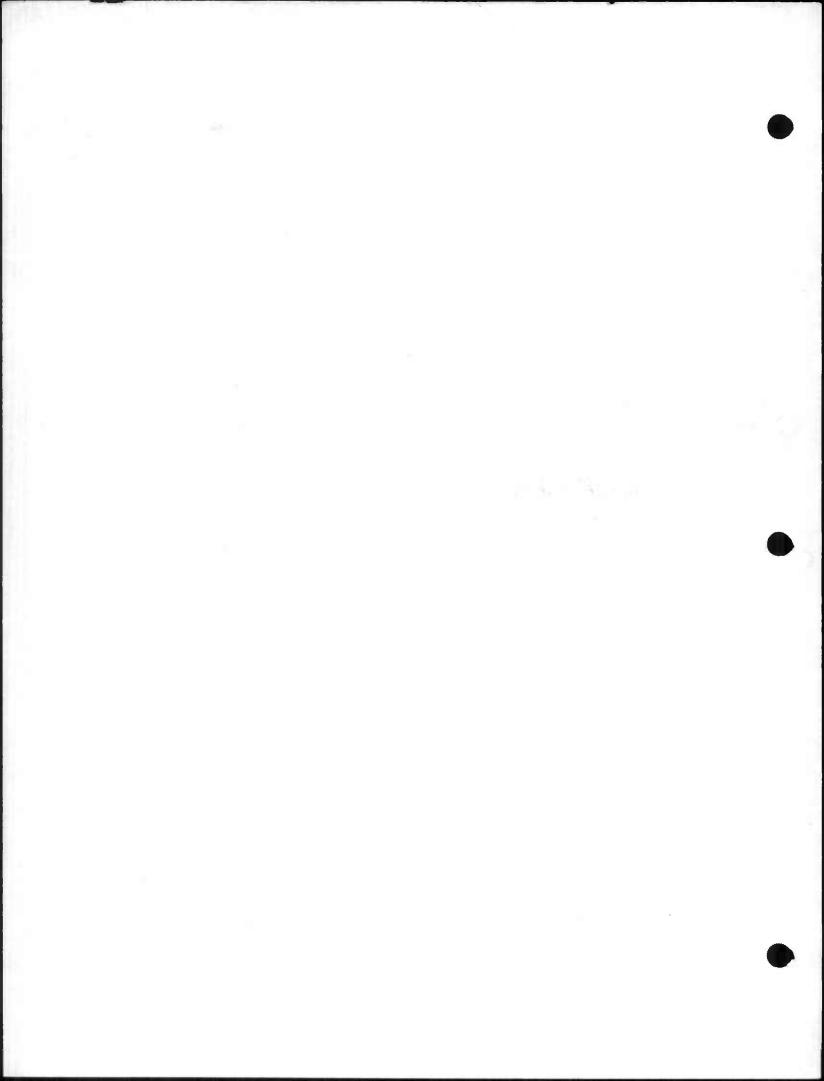
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAI	ND / DEPART	MENT OF H	EALTH AND M	MENTAL HYGIEN	E	0 0 700 2				
	1. DECEDENT'S NAME (First, Middle, Last)	Vissouri	111	ont:	^ 4	2. DATE OF DEATH	"31 4	3. TIME OF DEATH —				
	4. SOCIAL SECURITY NUMBER 5. S		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign				
	219-36-3651 1 2		33 YRS.	MONTHS DAYS	HOURS MIN.	OCT. 28, 1	1913	MARYLAND				
DIRECTOR	FAHRNEY-KEEDY HOME			90. GIT, 10 HIV G	BOONSBO		9c. COUNTY OF DEATH WASHINGTON					
HEC.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ION		10d. INSIDE CITY					
	MARYLAND WAS	HINGTON			ONSBORO		10a. CITIZEN	LIMITS? 1 YES 2 NO OF WHAT COUNTRY?				
FUNERAL	8507 MAPLEVILLE ROA				2	21713		U.S.A.				
BY FU	1 Never Merried 2 Married	WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yea, spe		IIC ORIGIN? (Specify Yea n, Puarlo Rican, atc.)		RACE — American Indian, Black, White, atc.				
	15. DECEDENT'S EDUCATIO	ON 3	16a. DECEDENT'S U	ISUAL OCCUPATIO	ON	16b. KIND OF BUS	SINESS/INDUST	WHITE				
COMPLETED	(Specify only highest grade comp Elamentary/Secondary (0-12) Col	oleted) ollega (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during mos retired.)	st of working							
OM	17. FATHER'S NAME (First, Middle, Last)		MENT	CUTTER		ME (First, Middle, Maiden		CESSING				
BE C	WILLIAM E. KLINE					ELISSA NAI						
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	ADDRESS (Street at		Route Number, City or Tow		de)				
-	DALE E. VALENTINE	T T						ARYLAND 21795				
	20s. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) ROSE HILL CEMETERY 11/2/96 HAGERSTOWN, MARYLAND											
	21. SIGNATURE ON PUMERAL SERVICE LICENSE	Paul M. Dean 22. NAME AND ADDRESS OF FACILITY 7606 Old National Boonsboro, MD 21										
	23. PART I. Enter the diseases, or comp	olications that caused	the death. Do no	ot enter the mo-	de of dying, suc			, Approximata				
	ahock, or heart failure. List	Drily Drie cause on eac	>h Ilna.					Interval Between Onset and Death				
	disease or condition resulting in death) - Sover Rheunting Digeneral Inthinting											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING C. CAUSE (Disease or injury											
THE	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF)):								
CER	dd.											
AL	PART II. Other algnificant conditions co	Anemia		n the underlying	g cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME	The second secon							1 [] YES 2 [] NO				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTED TO MEDICAL		6. PLACE OF DEATH		UNCERTAIL	N L						
SICI	EXAMINER? HC	OSPITAL: Inpetient 2 ER/Outpet		QTHER:								
HY	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME	OF 28c. INJ	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	RED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO							
COMPLETED B	3 Suicide 6 Could not be 4 Homicide datermined	28s. PLACE OF INJURY - building, etc. (Specifi	— At home, ferm, st	reet, factory, office		281. LOCATION (Street City or Town, State)	ATION (Street and Number or Rural Route Number, or Town, State)					
PE	29a. CERTIFIER (Check only	: To the best of my knowle	dge, death occurred	d at the time, data	and place, and due	to the cause(s) and man	nner sa stated.					
Ŏ.	one) 2 MEDICAL EXAMINER: Or	n the basis of examination	end/or investigation	ı, in my opinion, d	lesth occured at the	time, date and place, er	nd due to the co	ause(s) and manner as stated,				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	A ***			29c. LICENSE NUI		1	IGNED (Month, Day, Year)				
10		na mo			2180	(7)	DOU-311956					
	30. NAME AND ADDRESS OF PERSON WHD CO Dr. Vasant Datta 31. DATE FILED (Month, Day, Year)	334 Mill	Street,		town, Ma	ryland 21	740					



State of Maryland / Department of Health and Mental Hygiene

34303 Certificate of Death 1. Decedent's Neme (First, Middla, Last) 3 Time of Death 2. Dete of Deeth Month Nov 5, **Physician** Emanuel Hubert Waldecker, Sr. 1996 4:30 PM /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Charles County Nursing Home LaPlata Charles 7. Age (In yrs. lest birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) NOV 13, 19 9. Birthplace (State or Foraign Country) Washington DC 5. Sociel Security Number 578-07-3184 **Funeral** Months Deys Hours Yrs 83 1912 Director Usual Residence of Deceden the Maryland 10a, Stete 10b. County 10c. City. Town or Location 10d. insida City Limits item 27 le marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Maryland California 1 Yes 2 No Director St. Mary's 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? With 2390 Myrtle Point Road 20619 United States permit. Pages I and 2 should be filed within 72 hours efter death to Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or thank any injury or other traumests. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Detes: 14. Rece - Amaricen Indian, Bleck, White, atc. Was Decedent of Hispenic Origin? (Specity Yas or No-If Yes, specify Cuban, Mexican, Puarto Ricen, atc.) 11. Meritai Stetus 1 Never Merried 2 Married Specify: White 3altimore, Maryland 21215-0020 1 ☐ Yes 20XNo Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada complated) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) 2± Elementery/Secondery (0-12) 12 Auto Mechanic Norman Ford 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nema (First, Middle, Meiden Sumeme) Be Emanuel Hugo Waldecker Unknown Hadden 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) P.O. Box 856, Funkstown, Maryland 21734 Emanuel H. Waldecker, Jr. 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e Method of Disposition

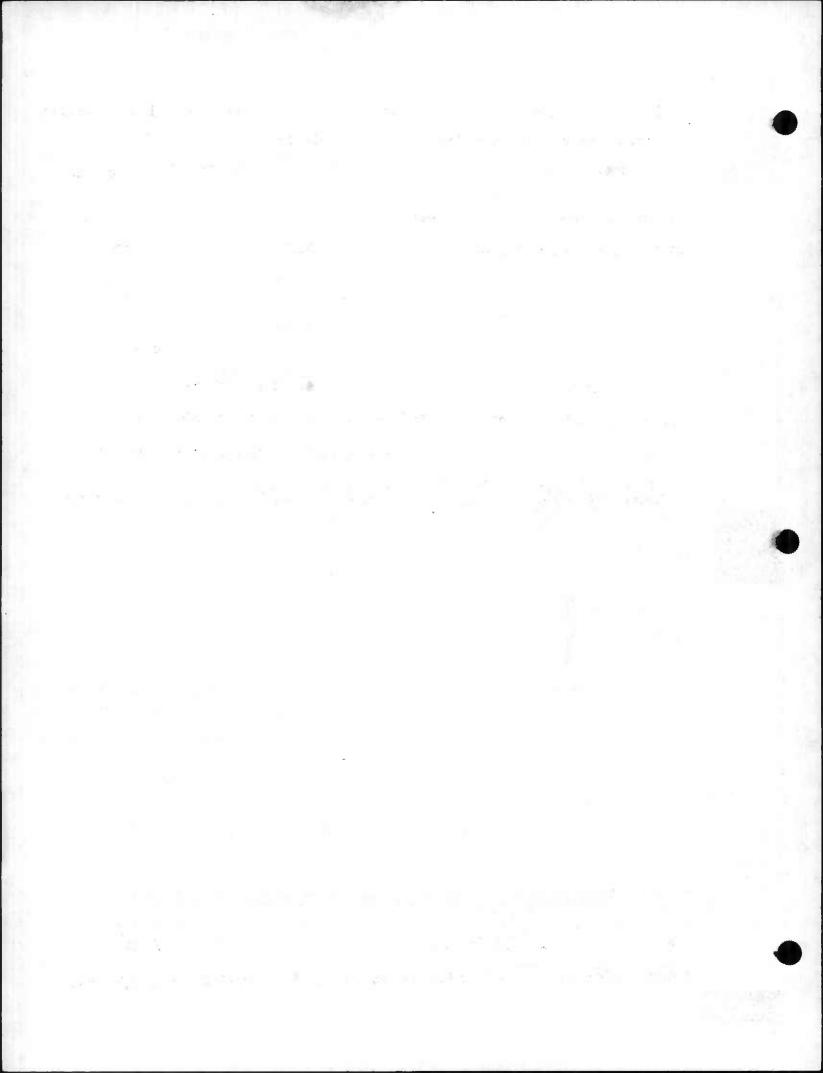
1 Burial 2 Cramation 3 Removel from Stete Dete 20c. Location - City or Town, Stata Cedar Hill Cemetery Nov 7, 1996 Suitland, Maryland
22. Nama and Address of FeolityLee Funeral Home, Inc 6633 Old 4 Donation 5 Dothar (Spacify) 21. Signature of Funeral S Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Entar the disease, or complications that ceused the deeth. Do not enter tha moda of dying, such as cardiac or respiretory errest, shock, or heart feilura. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** immediata Cause (Finel disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner ettending physician end for use es the buriel-transit certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Diseesa or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) The lew requires that the deeth ed by the el Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? peed certificate hes SK No 1 ☐ Yes 2 ☐ No 1 Yes 25. Wes case referred to medical exeminer? Be 26. Placa of Death (Chack only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospitai: 2 1 Yes 2₺ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 28c. injury et Work? To the Hospital or Attending Pt within 24 hours after death.
To the Funeral Director: After it completely filled in by the funera. 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred After Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be 3 Sulcida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 T Homicide 1 Certifying Phyalcien: To the best of my knowledge, daeth occurred et the time, deta and piece, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, dete end piece, and due to the cause(s) and menner steted. Medical 29a. Certifier (Check only one) 29b. Signature and title of comilio 29c. License number 29d. Date signed (Month, Dey, Year) telestono 200 30. Name end eddrass of person who complated causa of deeth (Item 23a) (Type, Print) Paul Pritchett, MD 118 LaGrange Ave, LaPlata, Maryland 20646 32. Registrar's Signature
Julia Davelson-Randall State Registra

THE TANK OF THE BUT OF THE STORY OF THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Otate of IV	iaiyiailu		tificate of		ivientai Hy	Reg. No.	96	34301
Physic /Med			Ann		Whi	te		2. Dete of De Month Novemb	Day	Yeer	3. Time of Death 4:55pm
Exami		4e. Fecility Nemé (If not institution, give street end number) Physicians Memorial Hosp:						Location of Deeth	4c. County	of Deeth	
Funeral Director		5. Social Security Number 6. 579–62–0293		pital ge (In yrs. lest 49	t birthday) Yrs.	If Under 1 Year Months Deys	La Plat If Under 24 Hrs Hours Min	8. Date of Birt		9. Birthple Countr Mary	ce (State or Foreign 1and
pus M		Usuel Residence of Decedent 10a. State 10b. County		10c. City, T	own or Loc	ation				100	d. Inside City Limits
Mary a-f sh iffed a	tor	Maryland Charles		Waldo	rf					17 Yes 2 □ 1	
dh with the Maryland 23s or 28a-f show ust be notified at	al Director	10e. Street end Number 2644 Hamilton Pl	ace Apt 10)1		10f. Zip Code	20602		10g. Citizen of \	Whet Countr USA	y?
of a should be filed within 72 hours after death with the Maryla th and Mental Hygiene. 7 Is tranked other than "natural", or Herre 23s or 28s of 28s transmitter went, the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces' 1 Yes Yes, Give Yeer or Detes:	?		/as Decedent of I- Yes, specify Cub	lispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	No- 14. Race - Ame Bleck, Whit Specify: Wh		tc.
d within 72 h piene. r than "natur the Medical	Completed	15. Decedent's Elementery/Secondary (0-12)	Education re <i>de completed)</i> College (1-4or	5+)		ent's Usuel Occup ind of work done ONOT use retire abled	petion during most of wo d)	orking	16b. Kind of Bi		estry
tal Hyg d othe event,	Be	17. Father's Neme (First, Middle, Las	t)					me (First, Middle,		ne)	
hould d Men marks marks	7	Richard A. Rice 19a. Informent's Name/Relationship	(Type Print)	Τ,	10h Mailine	Addross (Street		y Allen		Ctoto Tip (No do l
		Theresa L. White						aldorf,			20602
permit. Pages 1 ar Department of Hea Important: If Item 3 Iny Injury or other MADA.		20e. Method of Disposition 1 Burial 2 ACremetion 3 4 Docetion 5 Other (Spec	□Removel from State	20b. Plece ceme Metr	e of Dispos etery, cremo Opoli	ition (Neme of etory or other ple tan Crei	matory 1	Dete 1-6-96	20c. Location - Alexand		
Departi Departi Importa any Inji		21. Signature of Funeral Service Lice	onsee MC	00173	J		rwein Mo	rtuary s La Whi	to Pis	MD 3	20695
Physician personned by Medical Examiner as the burial-transit	Aedicai Examiner	Immediate Cause (Finel disease of controls, or heart failure. List only limited the condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events resulting In death) Lest	o. Sept o. Brong c. Pulme	Due to (or es	e conseque	ence of): ence of):	bilate	al		(Approximete nitervel Between Onset end Death
ath cer ttendir or use	lan		d			nemo	wage,				
requires that the death cer seen signed by the attendin hould be detached for use	/ Physician/N	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Chronic Obstucker Culmoran Draces						23b. Did tobacco use contribute to the cau			he cause of death
2 S	Completed by					(en eutopsy med?	eveil	e eutopsy findings ebie prior to pletion of cause eeth?
								XIX) Y	es 2□No	XX	Yes 2□ No
S 00	To Be	25. Wes case referred to medical exeminer? 1 ☐ Yes 2 No	Hospital: 1X Inpatio	ent 2□ER/	Outpetient	3□ DOA Oth	OF:	ath <i>(Check only o</i> Home 5 ☐ Resid		er (Snecify)	
Afta fune		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Inju (Month, De	rv 281	b. Time of Injury	28c. Injur Wor		28d. Describe h			
To the Hospital or Attend within 24 hours after deall To the Funeral Director: completely filled in by the		27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 4 Homicide Homicide 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury work? 28c. Injury et Work? 1 Yes 2 No 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Plece of Injury - At home, ferm, street, fectory, office 28e. Injury et work?							Street end Numb m, Stete)		
Hosp 24 hos Fune letaly fi	edicai	29e. Certifier (Check only one) (Check only one) (Check only one)	nysician: To the best miner: On the basis of end manner st	f examinetion	dge, deeth o end/or inve	occurred et the tin estigation, In my o	ne, dete end plece pinion, death occu	e, end due to the durred et the time, d	ceuse(s) end me date and piece, e	nner es stet end due to ti	red. ne cause(s)
To the To the compl	Me	29b. Signeture end title of certifier	2 Blui	mi		29c. Licens			29d. Date signed	d (Month, De	
		30. Neme end eddress of person who Bhaduri, NIrendra	completed cause of d	leeth (Item 23d ost Off	e)(Type, Po	2-1)		POBox 1437			
Sta	te	31. Dete filed (Month Day, Year)	96 32. Begisty	er'a Signature	Rodo	11.			,	T 911D	20004



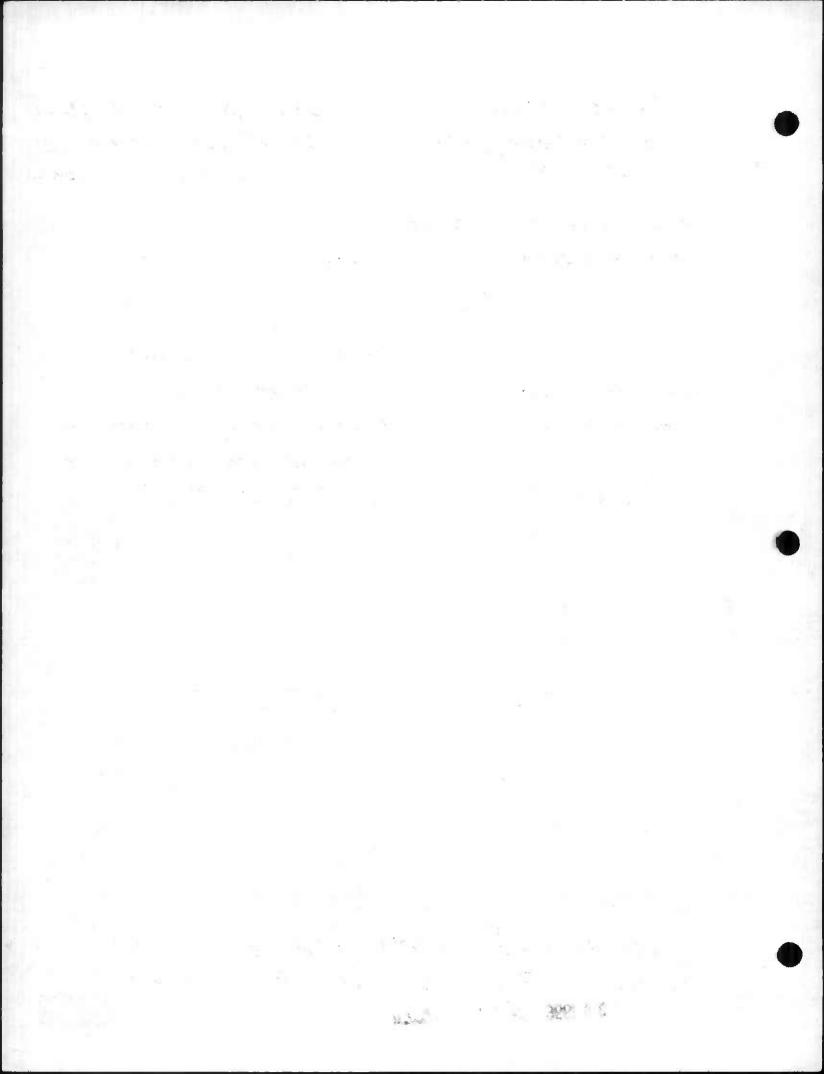
ΙA	· ,) #	Please Type or Print in Black Indelible Ink. State of Maryland / Department of He 31.P.G.C. 10-29-96 cr Certificate of D	ealth and Mei	ntal Hyg	_	6 34305					
	Physic /Medi	ian	Decedent's Name (First, Middle, Lest) KEVIN CAMERON WILSON		Date of Deet		3. Time of Deeth Year 1996 9:59PM					
	Exami		4a. Fecility Name (If not institution, give street end number) 4b	. City, Town, or Locati		4c. County						
	Funeral Director		PRINCE GEORGE'S HOSPITAL 5. Social Security Number 212-86-2086 6. Sax 1 M 2 F 7. Aga (In yrs. last birthday) 24 Yrs. CHEVERLY PRINCE GE Nonths Days Hours Min. When the Days Hours Min. B. Data of Birth (Month, Dey, Year) JULY 22, 1972									
	yland		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Locetion									
	8a-f st	Director	MARYLAND PRINCE GEORGE'S LANDOVER				1∭X Yes 2☐ No					
	with ti		106. Sfreet and Number 10f. Zip Coda	705	16	Thet Country?						
	deeth	Funeral	11. Marital Status 12. Was Decedent Ever in U.S. 13. Was Decedent of His	785 penic Origin? (Specify	/ Yes or No-		JSA e - American Indien,					
21215-0020	n 72 hours after deeth with the Maryland "natural", or Items 23a or 28a-f show ecical Evanther must be notified at	by	VXNever Married 2 Married 1 1 Yas 2X No	, Maxican, Puerto Rico Specify:	en, atc.)	Blac	k, White, etc. BLACK					
15-(C 1 10	Completed	15. Decedent's Educetion (Specify only highest grade completed) [Secondary (0.12) College (1.4 or 5.)] [Secondary (0.12) College (1.4 or 5.)]	tion uring most of working		16b. Kind of Bu	siness/Industry					
212	d within giene. or then	Jmo.	College (1-4or 5+) 3 YRS. PROGRAM	ANALYST		PVT.						
pu	be filed itel Hygi of other	Be	17. Father's Neme (First, Middle, Last)	18. Mothar's Name (F	irst, Middle, N	Maidan Sumem	e)					
Maryland	should be ind Mantel i merkad o umatic eve	10	GERALD WILSON, SR.	JACQUELI								
	end 2 sho saith end n 27 is m er traum		19a. Informant's Name/Relationship (Type, Print) JACQUELINE V. WILSON/ MOTHER 7616 GREENLEAI									
Baltimore,	of Heaith of Heaith fitem 27		20a. Method of Disposition 20b. Place of Disposition (Neme of				City or Town, Stete					
im	Pages ment of lant: If its ury or o		4 Donetion 5 Other (Specify) METROPOLITAN CREMA!	TORY 10-			ORIA, VIRGINIA					
Ball	permit. Pages 1 end 2 should be filed Department of Health end Mantel Hyg Important: if item 27 Is marked other any injury or other traumatic event, ODGs.		21. Signafure of Funerel Service Licensee 22. Name and Addrass of Facility MARSHALL'S FUNERAL HOME 4308 SUITLAND RD. SUITLAND, MARYLAND 20746 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Interval Between Interval Between									
	Physician /Medical Examiner	iner	shock, or heart feilure. List only one ceuse on each line. Immediate Ceuse (Final diseasa or condition resulting In deeth) e. Cartain pulsual pulsua	y ar	11.2	,	Intarval Between Onset and Death					
,09	icete be executed physician and s the buriel-transit	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause, (Disease or injury c.									
Box 687	es thet tha death certificete igned by the ettending phys be detached for use as the	Physician/Medic	that initiated events resulting in deeth) Last Dua fo (or es a consequence of):									
	death e ette ed for	sicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given	in Part I	23b. Did to	bacco use con	tribute to the cause of death?					
s, P.O	ss thet the gned by th be detach	by Phys	Hx of hypertension		1 Yee 2 No 3 Probably 4							
Record	v requir been s should	Completed	0 /		24a. Wes er parform		24b. Were autopsy findings eveileble prior to completion of ceuse of death?					
<u>e</u>					1□ Ya	s 2010	1 Yas 2 No					
<u> </u>	sician certifi irector	o Be	examinacy Hospitali	26. Plece of Death (C								
ō	Phys or this oral di	n: To	27. Menne of Death 1	4 Li Nursing nome		nce 6 Othe						
lon	Attending Physician: n deeth. ector: After this certific by the funeral director,	atio		es 2 No								
Division of Vital	tai or Attendrs efter deetl	Certification:	3 ☐ Suicide 4 ☐ Homlcide 6 ☐ Could not be detarmined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)	28f.	Location (Str City or Town		er or Rural Route Number,					
	To the Hospital or Attending Phywithin 24 hours effect deeth. To the Funeral Director: After thi completely filled in by the funeral	Medical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, cone) 2 Medical Examinar: On the basis of exeminetion end/or investigation, in my opin end manner stated.	nlon, death occurred e	t the time, da	ite end place, a	nd due to the ceuse(s)					
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(30. Name and address of person who completed cause of death (flem 23a) (Type Print)	LINCE	Geo	skres	HOS D.					
	Sta Registr	_	31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture OCT 2.9 1996 Juliu &	twilson Randa	L.	J						
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			State of Maryland	Certificate			giene 9 (5 34306
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-	Examination Funeral Director	ner	4a. Fecility Neme (If not institution, give streat end number) 720 FA/ISWAY 5. Sociel Security Number 216-92-1339 6. Sax 1 M 2 F 34		Cro		h v, Year)	P Deeth PARUNDEL 9. Birthplece (State or Foreign Country) Washington, D. C.
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	h with	F	1718 Jones Falls Court	10f. Zip C	1114		10g. Citizen of WI USA	
20	s efter deat , or items?	by Funeral			nt of Hispenic Origin? (y Cuban, Mexican, Pue	Specify Yes or No- rto Ricen, etc.)	14. Rece Black	- American Indian, , White, etc.
21215-0020	be filed within 72 hours efter death with the Maryland lel Hygiene. Id Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Exeminer must be notified at	Completed b	3 ☐ Widowed 4 ☐ Divorced Yaer or Dates: 15. Decedent's Education (Specify only highest greda completed) Elementary/Secondary (0-12) Collaga (1-4or 5+)	6a. Decedent's Usuel (Give kind of work lifa. DO NOT use	Occupation done during most of wo retirad)	orking	16b. Kind of Bus	White inass/Industry
	e filed wil si Hygien other th		12 17. Fathar's Name (First, Middle, Last)	Pipe Forema			Construc	
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Mar	th end Tis me traum				Straet end Number or F			
Baltimore,	permit. Pages 1 end Department of Health Important: If item 27 any injury or other tr once.		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removal from Stata 20b. Place certification	se of Disposition (Neme setery, cremetory or other		Date	20c. Location - C	City or Town, Stete
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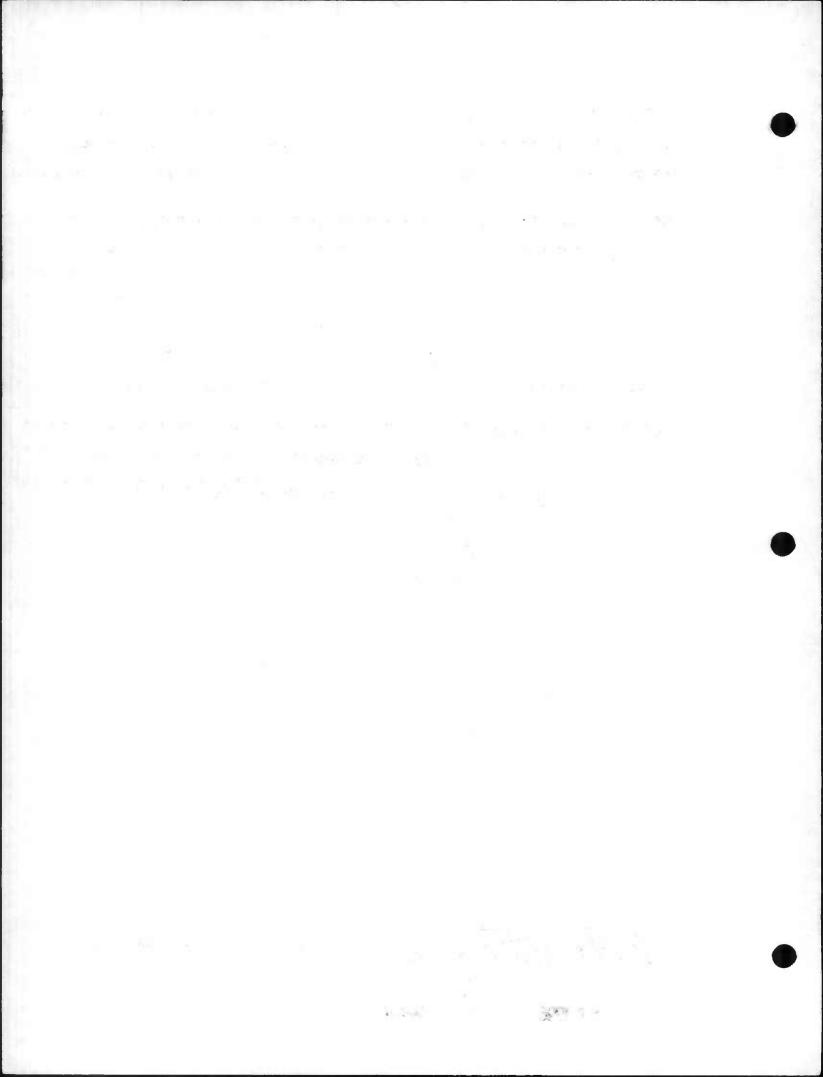


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	show d.at		10a. Steta 10b. County		Oc. City, Town	n or Location				10	d. insida City Limits
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	with the		10e. Street end Number			10f. Zip Code	-	1	10g. Citizen of V		
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Maryland 21215-0020	ours after on the Examiner	by	1 Nevar Married 2 Married	Armed Forcas? I □ Yes 2 □ No If Yes, Give Yeer or Detes:		If Yes, specify Cub	oan, Maxican, Puerto F	Rican, etc.)		k, Whita, e	
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5	Hyging other sent, 1	Be Co	17. Father's Name (First, Middla, Last)	4	<u> </u>	IDIALIAN	18. Mothar'a Name	(First, Middle,			Jougless
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Baltimore,	atment of artment of artmnt If it injury or of		### Buriel 2 □ Cremetion 3 □ Ramo 4 □ Donation 5 □ Other (Specify) 21. Signatura of Funeral Sarvice Licensee	valifori State		rks Episcop	al Church				
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Vita	ysician: s certifica director,	Be	25. Wes case referred to medical examiner?	24 - 1			26. Place of Deeth	(Check only or	ne)		
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	he Hospit in 24 hour he Funera pletely filli	edical	29e. Certifiar (Check only one) Certifying Physicial 2 Medical Examiner:	n: To the best of n On the besis of ex and mennar stete	caminetion and	, deeth occurred et the ti d'or investigetion, in my	ima, dete end pleca, e opinion, deeth occurre	nd due to the c d et the time, d	euse(s) end me lete and piece, e	nner es ste end due to	eted. the cause(s)
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State of Maryland / Department of Health and Mental Hygiene Q

						Certifica	te of	Death	F	leg. No.	0	400	0
	Dharaia		1. Decedant's Nama (First, Middla,	Last)					2. Data of Dea Month		Year	3. Tima of De	ath
	Physic /Medi		James Wils	on						er_19		05:00	AM
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		Ш	6117 Old Cen					Capito1			nce C	George	S
	Funeral Director		5. Social Security Number 245 20 7450 Usual Rasidanca of Decedant	Sax 7. Ag	a (In yrs. last bir 1	Yrs. If Unda Months	Days		(Month, Day	, Year) 5,1925	9. Birthple Countr Nort?	aca (Stata or Fory) 1 Caro	oraign 1in
	and w		10a. Stata 10b. County		10c. City, Tow	n or Location					10	d. Insida City L	imits
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	(3)		30. Nama and address of person wh	o complated cause of d	(Itam 23a)			-			,		
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To the Hospital or Attending within 24 hours effer deeth.

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Invastigetion 1 Yas 2 No 2 Accidant 6 Could not be dataminad 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Piace of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide 1 Certifying Physician: To tha bast of my knowladge, daath occurred at tha tima, data and place, and dua to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the ceuse(s) and manner stated. (Check only one) 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Yaar) O.C.M.E. NOVEMBER 3,1996

30. Name and address of person who completed ceuse of deeth (Itam 23e) (Type, Print) Pavid Poule-

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical Certificati

29e. Cartifier

31. Data filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death November 3, 1996 **Physician** Mazie Kellv Wroten 11:24 PM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 117 Choptank Avenue Cambridge Dorchester 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Data of Birth
June 16, 1906 9. Birthplaca (Stata or Foraign Country) Maryland **Funeral** 1 M 2 F Deys 90 212-10-4567 Yrs. Director Usual Residence of Decedent Manylenc 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits or 28a-f show trsumatic event, the Medical Examiner must be notified at MD Dorchester Cambridge XXYas 2 No Completed by Funeral Director with the 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 204 Willis Street 21613 US items 23a Pages 1 end 2 should be filed within 72 hours after death nent of Health end Mentel Hygiene. nt: If Item 27 is marked other than "natural", or Items 23 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 12. Wes Decedent Evar in U,S. Armed Forcas? Race - Amarican Indian, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yas 2 No If Yes, Give Yaar or Datas: Baltimore, Maryland 21215-0020 White 1 Yas aXNo Specify: Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantagy/Secondary (0-12) College (1-4or 5+) Seamstress State Employee 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Charles Kell_v Rosa Walter 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 end 2 s Department of Health er Important: If Item 27 is any Injury or other trau 117 Choptank Avenue Cambridge, Maryland 21613 Charlene W. Stagg Daughter 20b. Place of Disposition (Nama of cematary crematory or other place)
Green Lawn Cemetery 20c. Location - City or Town, Steta 11/7/96 Cambridge, Maryland 4 Donation 5 Other (Spacify) 21. Signature of Fahorel Service Licensee 22. Nama and Address of Fecility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 23a. Part Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, show, or haart failure. List only one cause on each line. Approximata Intarval Between Onset end Death **Physician** METASTATIC CANCER TO LIVER UNKNOWN PRIMARY /Medical Immediata Causa (Finel disaasa or condition resulting in daeth) MODITH Examiner Examiner I or Attending Physician: The lew requires that the death certificate be executed after death.

Director: After this certificate has been signed by the ettending physician and Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Ceuse (Disaase or Injury that Initiated events rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. ettending physician for use as the burie Physician/Medical Dua to (or es e consequança of): signed by the et Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by this certificate has been signal director, page 2 should? 24b. Wara autopsy findings evellable prior to complation of cause of death? 24e. Wes en eutopsy performed? 1 Yas 1 ☐ Yas 2 No filled in by the funeral director, 25. Was casa ratarred to medical axaminar? Be 26. Placa of Deeth (Check only one) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Deta of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Panding Investigation Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28e. Plece of Injury - At homa, term, street, factory, office bullding, atc. (Specify) 28t. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homloida To the Hospital of within 24 hours at To the Funeral D completely filled Hospital of 10 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, end due to the causa(s) and mannar as stated.
2 Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion, daeth occurred et tha time, date end place, and dua to tha cause(s) end mannar stated. Medical 29a. Cartifier 29d. Dete signed (Month, Dey, Year) 29b. Signetura end titla of certifier 29c. Licansa number

State Registrar

31. Date filed (Month, Day, Year)

LICHAEZ

MOSKEWICZ MA 32. Registrar's Signature

503 BYEN ST. CAMBEIDGE

who complated cause of death (from 23a) (Type, Print)

A STATE OF THE SECOND

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth ZINN **Physician** Month ELSIE 55 PM November 2. /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince George's Prince George 's Hospital Center Cheverly 5. Social Security Number If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Date of Birth July 10, 1926 Canada 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplace (State or Foreign 1 M 2 XF Deys Director 214-58-0561 Yrs Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at Upper Marlboro 1 Yes 2 No Maryland Prince George's Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? filed within 72 hours after death with 7201 Thomas Drive 20772 United States Funerai Harma 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: 11 Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. traumatic event, the Medical Examiner 1 Never Merried XX Married Specify: White 21215-0020 ŏ þ 1 ☐ Yes 2 ☐XX 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Housewife Own Home 12 other permit. Peges 1 and 2 should be file Department of Health and Mentel Hy, Important: If Item 27 is marked other any Injury or other. altimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be Tekla Yurkow William Dawybida 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7201 Thomas Drive, Upper Marlboro, Md 20772 Taylor B. Zinn, Jr. 20e. Method of Disposition

Disposition

3 □ Removal from State 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) NOW 104te 1996c. Location - City or Town, Stete Arlington, Virginia Arlington National Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecilityee Funeral Home, Inc 6633 Old 21. Signeture of Euneral Service Licenses Alexandria Ferry Road, Clinton, Maryland 20735 23a. Pert1. Enter the disease, or complications their caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Physician Immediete Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner Examiner The law requires that the death certificate be executed the bunial-tran Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting In deeth) Lest Bud Division of Vital Records, P.O. Box 68760, physician Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by pege 2 should be detac 1 ☐ Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? certificate has been 1 ☐ Yes 2 ☐ No vurs efter deeth.

•ral Director: After this certifica
filled in by the funeral director, I or Attending Physician: Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes Inpatient 2 ER/Outpetient 3 DOA 27. Menmer of Deeth Neturel Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours e Medicai 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Mgeth, Day, Year) address of person who completed cause of deeth (Item 23a) (Type, Print) 30 Name and Catavenis, MD 301 Hosptial Drive, Cheverly, Maryland 20785 James 32. Registrer's signeture 31. Date filed (M State Registrar

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29c. License number

D 19508

29d. Date signed (Month, Dey, Year)

State Registrar

7620 YORK ROAD TOWSON MD

29b. Signeture end title of certifier

Mutini dud D., du Lem M. J.

30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death

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	Funeral Director			Sex 120 M 2□ F	7. Aga (In yrs. 75	last birthday) Yrs.	If Under 1 Year Months Days			th ly, Year) 5,1921	9. Birthp Coun P I	placa (Stata or Foreign htry)
	ne Maryland 8a-f ehow	ector	Usuel Rasidance of Dacedant 10a. Stata 10b. County Md Baltim	ore		y, Town or Lo Dundal						0d. Inside City Limits 12 Yas 2 □ No
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Maryland	and 2 should be filed saith and Mental Hyg m 27 is marked other her traumatic event,		19e. Informant's Name/Relationship (Ruth Ayres/wif					view Dr				
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ion of	fter th	ation: T	27. Manner of Death 1 Matural 5 Panding 2 Accident invastigation	28e. Data o (Monta	of Injury h, Day Yaer)	28b. Tima of Injury	28c. Inju		1	how injury occur		
Division	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place	of Injury - At heng, atc. (Specif	ome, ferm, str	eet, factory, office		28f. Location (City or To	Straat and Numb wn, Stete)	ber or Rura	Il Routa Number,
	n 24 hour n 24 hour ne Funera	edicai	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the niner: On tha ba and mann	isis of examine	wledga, daath tion end/or inv	occurred at tha treativestigation, in my	ime, date end place opinion, deeth occu	e, and due to tha urred at the tima,	causa(s) and madeta and piece,	annar as s and due to	lated. the cause(s)
	To the comple	Σ	29b. Signatura end titia of certifiar	00	111		29c. Licer	sa number		29d. Data signe	d (Month,	Day, Year)
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	15		30. Nama and addrass of person who 225. Green	e st	t. B	alti	more	M). 2	1201		
	Sta Registr		31. Data filed (Month, Day, Year)	32. R	agistrer's Signe	etura						

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State of Maryland / Department of Health and Mental Hygiene

34314 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Deeth 2. Data of Death Month Day **Physician** 12:00 Am Florence ANGELO November 14, 1996 /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Rossville Baltimore Franklin Square Hospital Center
Social Security Number 6. Sax 7. Age (In yrs. last birthday) If Under 1 Yeer I If Under 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year) April 1,1919 Birthplace (Stata or Foreign Country) Days 1 M 20 F Months Hours 233-38-3817 77 Kentucky Usuai Rasidenca of Decedant 10e State 10b County 10c. City. Town or Location 10d. Inside City Limits Baltimore Essex Md. 1 Yes 2 No Director 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 559 Welbrook Road 21221 USA Funeral 12. Wes Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14 Race - American Indian 11. Meritel Status Bleck, White, etc. 1 ☐ Yes 2 No If Yas. Giva 1 Nevar Married 2 Merried 1 Yas 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Bendix Assembly Worker 11th 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) Be (Anna Caudil Andrew Morris ပ 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) 559 Welbrook Road Baltimore Md. 21221 August J. Angelo 20b. Place of Disposition (Nama of cematary, crematory or other piece) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata UD Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 4 □ Donetion 5 □ Othar (Specify) Gardens of Faith Cemetery 11/16/96 Rossville Md. 21. Signefure of Funarei Sarvica Licansea 22. Nama and Address of Fecility Connelly Funeral Home of Essex 23a. Pert1. Entar tha disaese, or complications that caused the death shock, or heart feilure. List only one cause on each line. 300 Mace Ave. Baltimore Md. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata Interval Between Onset and Death Immediata Causa (Final diseesa or condition rasulting in daeth) Extensive metastatic breast cancer 5 years Dua to (or as a consequence of): Sequentielly list conditions, if any, laading to immediate causa. Entar Underlying Causa (Disaase or Injury that Initiated evants resulting in death) Last Dua to (or es a consaguence of) Physician/Medical Dua to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 20 No 3 Probably 4 Unknown þ 24b. Ware eutopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No Be 25. Was casa referred to medical 26. Pieca of Death (Check only ona) axaminar? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Natural 5 Panding invastigation 2 Accidant 1 Yas 2 No 6 ☐ Could not be detarminad 3 Suicida 28a. Place of Injury - Af home, farm, straaf, factory, offica building, atc. (Spacify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha cause(s) and mennar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha filma, date and placa, and dua to the cause(s) and mannar stated. 29a. Certifian Medical (Check only one) 29c. Licansa number 29b. Signatura end tale of certifiar 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) H5039

State Registrar

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

the Maryland

filed within 72 hours after death with

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permit. Pages 1 and 2 should be file.
Department of Health and Mantal Hy important; if flem 27 is marked other any hijury or other traumatic avent once.

Physician

Examiner

The law requires that the death certificate be executed

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Hospital or Attending Physician: 324 hours after death.
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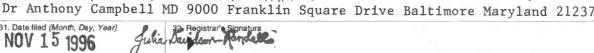
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Box 68760.

Division of Vital Records, P.O.

Baltmore, Maryland 21215-0020

31. Date filed (Month, Day, Year) NOV 15 1996



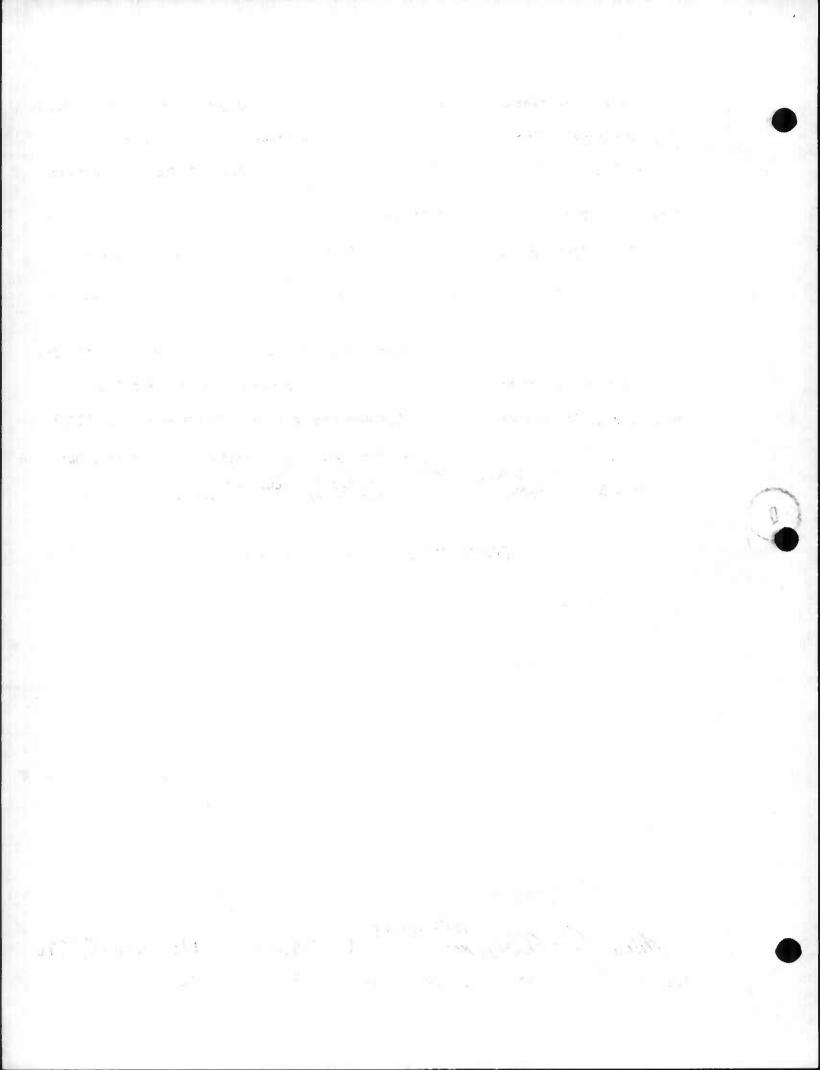
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State of Maryland / Department of Health and Mental Hygiene 96 34315

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Г	Funeral	Г	5. Social Security Number	6. Sax	7. Aga (In yrs	s. last birthda	y) If Undar 1 Y Months D	aar If Unde	ar 24 Hrs. Min.	8. Data of Birth (Month, Day	Vanci	9. Birthp	placa (Stata or Foreign
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	ath v	a.	3502 Parklaw				212				United	Stat	es
	er de	Funeral	11. Marital Status	Armed Fo		U,S. 13	 Was Dacedant If Yas, specify 	of Hispanic O Cuban, Maxic	origin? (Sp an, Puarto	pecify Yas or No- Rican, atc.)		ce - Amaric ick, Whita,	
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lan	Mental Mental arked o	To Be	Henry J	. Bauer						Leonel 1			C
Maryland	SPEE	-	19a. Informant's Name/Ralationsh			19b. Ma	iling Address (Si			ral Routa Numbar			4
	C = 0 -		Mrs. Anna E. Ba		e		02 Park				imore,		21213
re,	- 포 문 원		20a. Mathod of Disposition		20b.	Place of Dis	position (Nama	of	Cirac		20c. Location		
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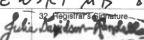
Registrar NOV 15 1996



State of Maryland / Department of Health and Mental Hygiene Q 6

31,316

ALICE BOWLING Registration of the statistics of							C	ertificate d	f Death	7		Reg. No.	U	04010
Septimental Comments of Commen	ı	Physic	ian	1. Decedent's Name (First, Middle	e, Last)							eath	Vear	3. Time of Death
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Marue Conclude us D21022 11-14-96 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) M. CWALEWSKI MD 8604 HARPOND rel BALW. MB Z1Z34 State 31. Date filed (Month, Day, Year) 32 Febjistrat Scippature		ne Hospit n 24 hour ne Funeri		(Oneck only 2 Medical E	xaminer: On the	Dasis of 6	examinetion and/or ii	th occurred at the nvestigation, in my	time, date en opinion, dea	nd plece, ath occurr	end due to the red at the time,	cause(s) end me date end place,	enner as s and due t	stated. o the cause(s)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month Vear Margaret Estelle Bilzer 34 Am 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Atlantic General Special Care Unit Berlin Worcester 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs 8. Dete of Birth Month, Dey, 12/15/ 9. Birthpleca (Steta or Foreign Country) New Jersey Days 1□M 2\ F Months Hours 216-48-8443 90 Usuel Residence of Decedent 10a Steta 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 232 Rollingbrook Way 21228 U.S.A. Was Decedent Ever In U,S. Armad Forceş? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Black, Whita, etc. Armad Forces?

1 ☐ Yes 2 ☑ No
If Yes, Giva
Yaar or Detes: 1 ☐ Navar Merried 2 ☐ Married White 1 ☐ Yes 2 ☐ No Specify: 3⊞Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion
(Giva kind of work done during most of working
life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) 2 yrs. Elamentery/Secondery (0-12) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Cyrus Dennett King Carrie Gegner 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zlp Code) John E. Bilzer/ Son 232 Rollingbrook Way Balto., MD. 21228 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Cem. 20c. Location - City or Town, Stete 1 ⊠Burial 2 □ Cremation 3 □ Removal from State 11/15/96 Baltimore, MD. 4 ☐ Donation 5 ☐ Other (Specify) Most Holy Redeemer 22. Nama and Addrass of Facility
Sterling Ashton Funeral Home, 21. Signature of Funaral Sarvice Licenses 736 23a. Pert 1. Enter tha disease, or complications that caused tha daath. Do not antar tha mode of dying, such es cardiac or respiretory errest, shock, or heert fellura. List only one ceuse on each line. Edmondson Ave. Baltimore, MD. 21228 Approximata Intervel Between Onset and Death Immediete Ceuse (Final disease or condition resulting in death) hours Due to (or es e consequence of). Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted evants resulting in deeth) Lest Dua to (or es a consequence of): Dua to (or as a consequence of) Pert il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara eutopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1□ Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Hospital: 1 Tipatient 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. injury at Work? 1 Natural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceusa(s) and menner es steted.

2 Medical Examiner: On the besis of examination end/or invastigetion, in my opinion, death occurred et the tima, data and place, and dua to the cause(s) and manner stetad.

29d. Dete signed (Month, Day, Year)

or Attending Physician: The law requires that the death certificate be executed P.O. Box 68760, Records,

physicien end s the burial-transit 9 use been signed by the should be detached page 2 cartificate Division of Vital director. After this illed in by the funeral death. after death Hospital 24 hours completely To the within 2

Physician

/Medical

Examiner

Director

Funeral

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Completed

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Funeral

Director

d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer c. Department of Health end Mentel Hygiene. Important if item 27 is marked other than "natural" any injury or other treumatic even.

Physician /Medical

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Physician/Medical Examiner

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Certification: To

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29e. Certifier

29b. Signeture and title of certifian

9733 31. Date filed (Month, Dey, Year)

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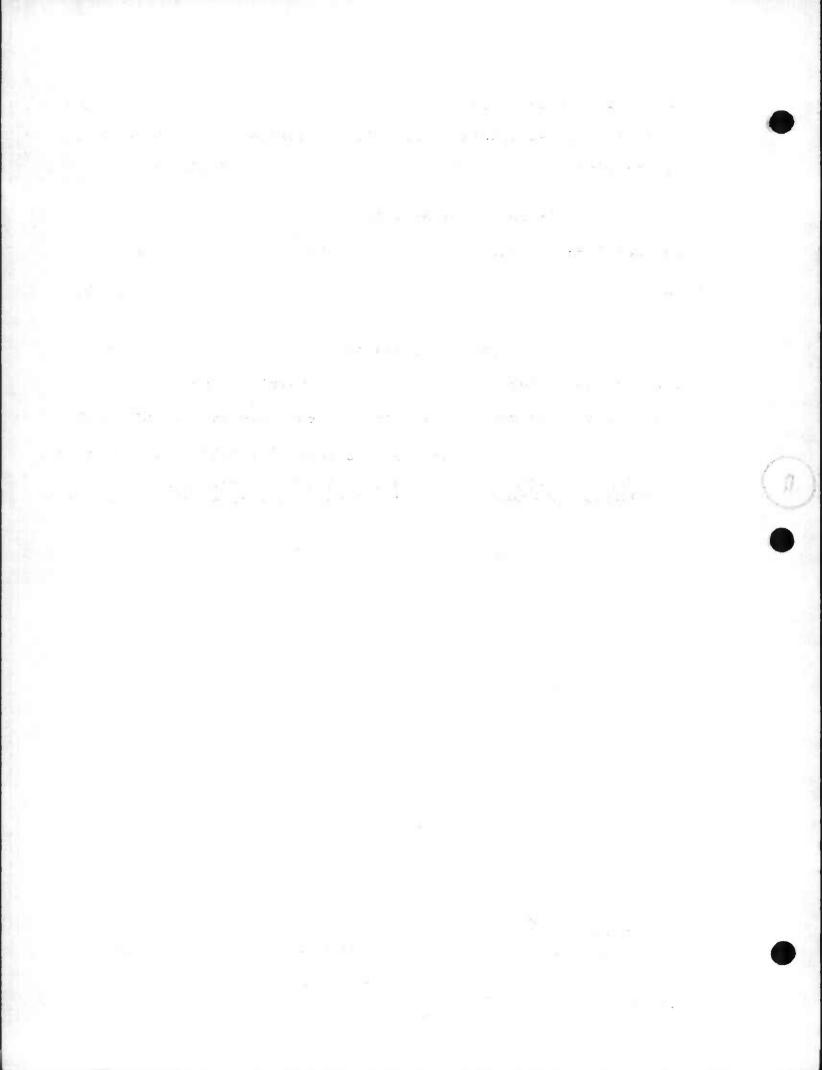
death with the Meryland

State Registrar

Drive 32. Registrar's Signature

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

ment of Health and Mental Hygiene

						Certi	ificate of	f Death		Reg. No.			
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	Examir		4e. Fecility Neme (If not institution	n, give street end number)				4b. City, Town, or L	ocation of Deeth	4c. County	y of Deeth		
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	Funeral Director		5. Sociel Security Number 212-01-6126	6. Sex 7. Ag	e (In yrs. le: 99		If Under 1 Yee Months Deys		8. Dete of Birt (Month, De 11/18	h y, Year) /1896			or Foreign
	end *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City,	Town or Local	tion				1	0d. Inside C	ity Limite
	/any	ō	MD. N	/ A		altimo							
	the 1	Director	10e. Street end Number				10f. Zip Code	(10a Citizen of	9. Birthplece (State or Country) MD. 10d. Inside Cit MT Yes Whet Country? S.A. 10e. American Indien, lock, White, etc. 10e. White etc. 10e. White 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile. 10e. Mile. 10e. S. A. 10e. American Indien, lock, White, etc. 10e. Mile		
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T	1	-	23a Part1 Enter the disease or	conflications that caused	I the death			ondson A			MD.		
ē	Discription		23a. Part1. Enter the disease, or shock, or heert feilure. List	only one cause of each if	Tie.	DO NOT ONIO	and mode or a	/ rig, 3dori 05 0di 0100	2 /	4		Intervel Bet	tween
J.	/Medical		Immediete Ceuse (Finel	(/	00	etic	10 1	000	Love	Deex	0	27	210
В	Examiner		disease or condition resulting in death)	· Jour	10x	1000	E 'h	east	- Jacc	eu)	0-1-	1	
Ш		Jer		(Ordania	Sin	Conseque	Time .	cardia	-17001	nular	-01	1 4	PRY
	certificate be avacuted nding physician end use es the buriel-trensit	Examiner	Sequentially list conditions	C BE THE TO	Due to (or a	es a conseque	encerof):	mo our	VICON	mer.	OL.	-	
o,	a axe		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Jours	ONO	0,05	Lon	o sol	room	D			
68760,	ate be nysici	Medical	thet initieted events resulting in deeth) Lest	a dell	Due to (or e	es e conseque	nce of):	0/000	1400	, p			
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Box		jan/		- d									
0	0 0 0	Physician/	Part II. Other eignificant condition	ns contributing to death b	ut not result	ting in the unde	erlying cause g	given in Pert I.	23b. Dld 1	lobacco uee co	ontribute to	the cause	of death?
Д.	that the ed by th datache		1920m	0 / 0 /	711	PIL	mor	rice.	10	Yes 2 No	3 Pro	bably 4	Unknown
ds,	8 5 8	l by				CNU			04-194		24b W	ore entener	findings
Records,	requ	Completed		· ·						en eutopsy med?	ev	eilable prior t	to
360	S S S	du											
a	T age								101	res 2 No	1[]Yes 2□	No
Vital	Physician: The this certificate and director, page	Be	25. Wes case referred to medical exeminer?	Hospitel:				26. Place of Dee	th (Check only o	ne)			
o	hys his al di	. To	1 Yes 2 No	1 ☐ Inpatie		R/Outpetlent 28b. Time of	3LI DUA		ome 5 Resident			y)	
no	tending Pheath.	tion	1 Neturel 5 ☐ Pendin	g (Month, De	Year)	Injury	28c. Inj W	ork? □ Yes 2 □ No	200. Describe	low injury occu	1160		
Division	Attending ir death. ector: Afte by the lune	flca	3 ☐ Suicide 6 ☐ Could r	not be Goo Bloom of Ini	urv - At hom	ne ferm street			28f. Location (S	Street end Num	ber or Rure	Al Route Nurr	nber.
2	> 분 분 드	Certification:	4 ☐ Homicide determ	building, ef	. (Specify)		.,,,		City or Tov	vn, Stete)			
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical	29a. Cortifier 12 Certifyln (Check on 2 Medical I	g Phyelcien: To the best of Examiner: On the basis of end menner sta	examinatio	edge, deeth o	ccurred et the stigetion, in my	time, dete end plece, opinion, deeth occur	end due to the red et the time,	ceuse(s) end m dete end pleca,	enner es s , end due to	teted. the cause(s	s)
	Nithin Fo the	Me	29b. Signature/and talk of certifier)		29c. Lice	nse number		29d. Date signi	nd (Month,	Dey, Year)	
	110		* CODY	è D	MU	QV.	2-1)1087	16	11/18	2/91	6	
	10		30. Neme end eddress of person Christian S. 1	who completed cause of d Mass, M.D.	eeth (Item 2 413	Notti	int) ingham	Rd. Bal	to., M	ID. 212	229		

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death 3. Tima of Death Day November 12,198

Physician /Medical Examiner

Director

Funeral

þ

Completed

Be

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Funeral Director

e filed within 72 hours efter deeth with the Maryland al Hygiena.
other than "naturel", or frame 23s or 28s-f show

ed other than "naturel", or frams 23a or 28a-f ahow event, the Medical Examiner must be notified at vith end Mental H permit. Peges 1 end 2 should be 1 Department of Health end Mental I Important: If Item 27 Is marked of any Injury or other traumatic eve

laltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner and physician ar Physician/Medicai þ Completed Be 2

Records, P.O. Box 68760.

Division of Vital

The lew requires that the death certificate be axecuted ed by the a 1 signed by tt. been si pege 2 this certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p Certification: edicai 1. Decedant's Name (First, Middla, Last) Brown 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Belair Nursing & Rehabilitation Center Harford Belair If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) May 16, 1928 9. Birthpiaca (Stata or Foraign Country) New Jersey 5. Sociel Security Number 7. Aga (In yrs. last birthday) Days 1√2 M 2□ F 264-38-7862 68 Yrs. Usual Rasidence of Dacedant 10a, Stata 10b. County 10c. City, Town or Location Baltimore Timonium Maryland 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 21093 U.S.A. 201 Belmont Forest Court Unit407 12. Was Decedent Evar in U,S. Armed Forcas? 1≦1 Yas 2☐ No If Yes, Giva Year or Datas: Korean Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien, Black, Whita, atc. 1 Never Married 2 Married 1□ Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Coilega (1-4or5+) 4 yrs. Research Engineer Bethlehem Steel Corp. 17. Father'e Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Pratt Sweetser Albert Lewis Brown 19a. Informant's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 201 Belmont Forest Court Timonium, Maryland 21093 Mrs. Jean A. Brown 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐Bunal 2 ☐ Cramation 3 ☐ Removel from Stata Dulaney Valley Cemetery 11/16/96 Timonium, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Lice 22. Name end Address of Facility 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 a ana caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrast, aach lina. Immediate Causa (Final Pneumoniu disaasa or condition rasulting in death) Dua to (or as a consequence of): Due to (or es a consequance of)

Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Diseasa or Injury that initieted evants rasulting in deeth) Last

examinari

27. Mannar of Death

1 Natural

2 Accident

4 I Homicide

(Check only one)

3 Suicida

29a. Cartifian

1 Yas 2N No

5 Panding

Dua to (or as e consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Parkinson's Disense

25. Was casa rafarred to medical 28. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Data of injury (Month, Day Year) invastigation 6 Could not be

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28b. Tima of

28c. Injury et Work?

1 ☐ Yas 2 ☐ No

†© Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

24a. Was an autopsy performed?

1 Yas 2 No

28d. Dascribe how injury occurred

29b. Signatura and title of certifiar

カ34652

29c. Licansa number

November 13, 1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) COTT

31. Data filed (Month, Day, Year) NOV 15 1996

2 NORTH. AVE BECAIR MARYLAND 21014 HASWELL Julia Bartesismor Bondalle

DHMH 16 Bey 6/95

State Registrar 29d. Data signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to complation of cause of death?

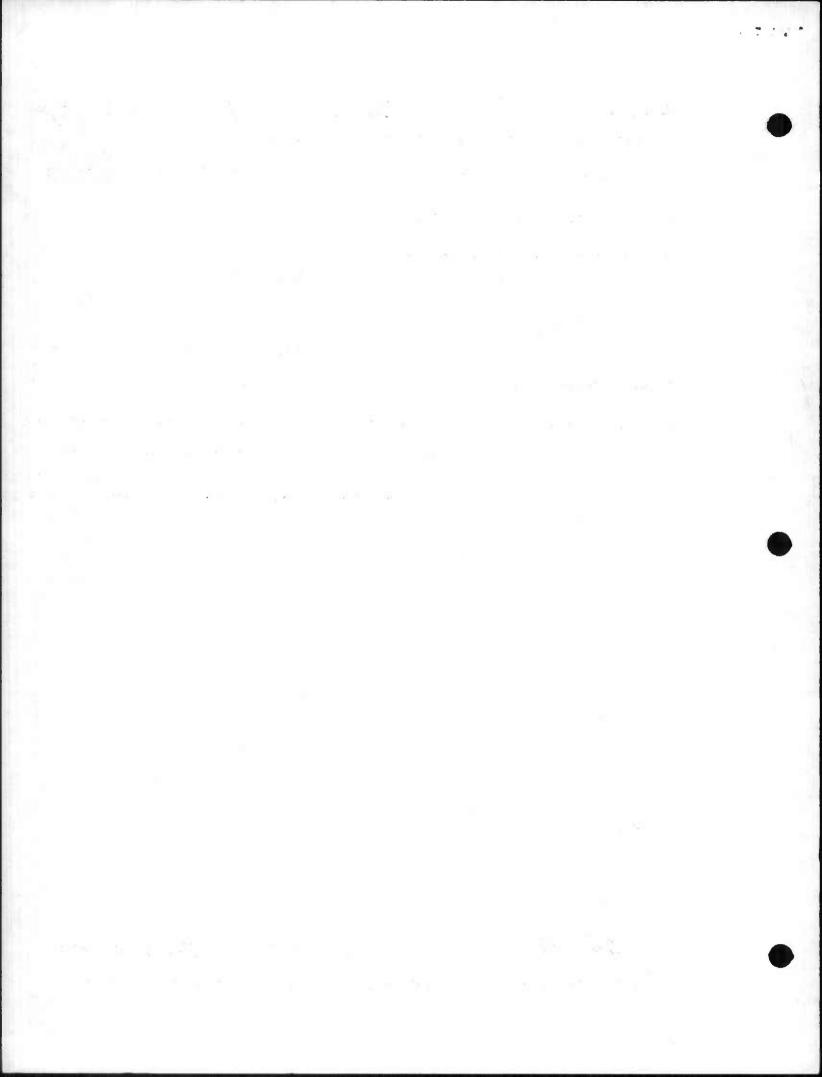
1 ☐ Yas 2 ☐ No

10d. Inside City Limits

Approximate Intervel Between Onsat and Death

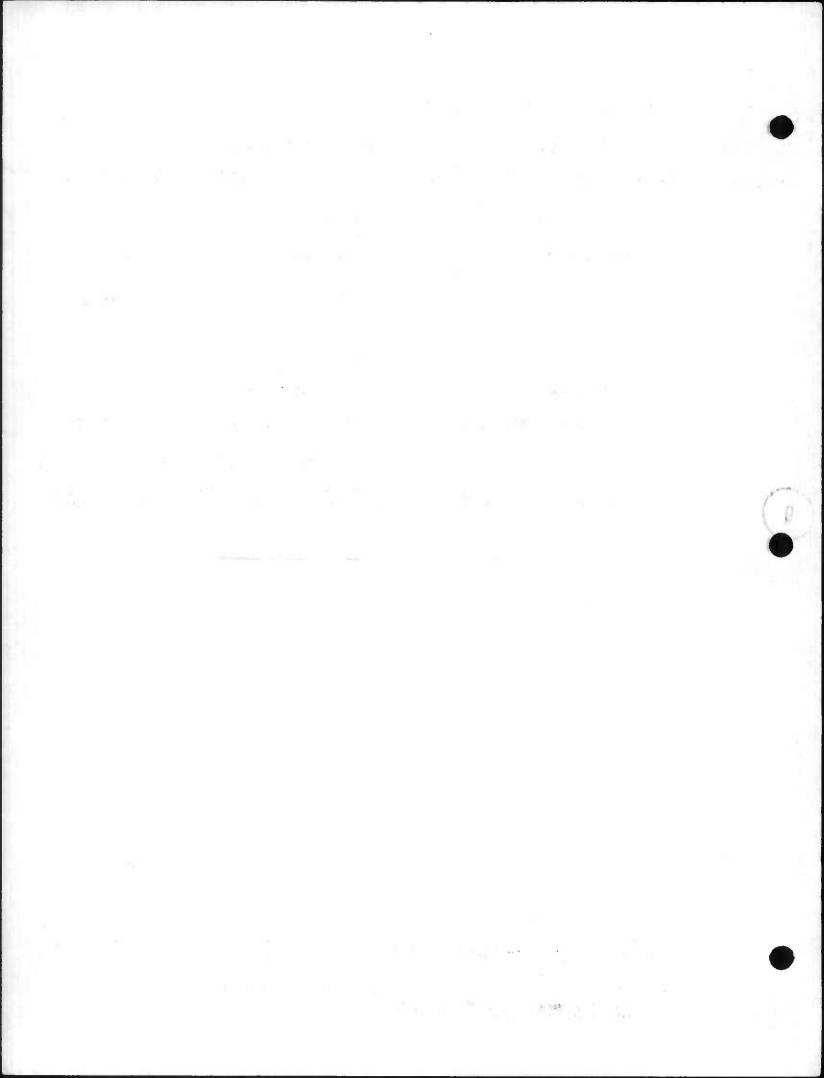
1 ☐ Yas Ž No

28f. Location (Street and Number or Rural Routa Number, City or Town, State)



	ITEMS: G-741 11	23 /15	PART I, II, PER DR. FTI /96 t.t			ent of I	Health and	Mental Hy	rgiene 9	6 31	4320
	Physic /Medi Examii Funeral Director	cal	1. Decedent's Neme (First, Middle, Let 1997) 4e. Fecility Neme (If not institution, give 1997) 5. Sociel Security Number 6. S 1 1 Usuel Residence of Decedent	BROU e street end number) Alth Car	ors. last birthday) Yrs.	der 1 Yeer hs Deys	ba /himi If Under 24 Hrs.	2. Dete of De Month Novemble	Sel Dey / th 4c. County	Year 494 of Deeth n/a	a (State or Foreign
	the Meryland 28a-f show notified at	tor	10a. Stete 10b. County MD n/		City, Town or Location Balt	imor	e				tnside City Limits 1 ☑ Yes 2 ☐ No
	th with the 23a or 28	I Director	10e. Street end Number 812 Carroll S	L.	10f.	Zip Code	230		10g. Citizen of 1	Whet Country?	
020	or items	by Funeral	11. Meritel Stetus 3 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	If Yes,	cedent of I	Hispanic Origin? (S een, Mexican, Puerl	pecify Yes or No Rican, etc.)	o- 14. Red	ce - American I ck, White, etc.	
Maryland 21215-0020	hin 72 hours n "natural", Medical Ext	Be Completed	15. Decedent'e Ed (Specify only highest gra Elementary/Secondary (0-12)	ucation de completed) College (1-4or 5+)	16e. Decedent's L (Give kind of life. DO NO	suei Occu work done T use retire	petion during most of wor ed)	rking	16b. Kind of B	usiness/indust	ry
d 21	d 2 should be filed within the and Mentel Hygiene. 7 Is marked other than traumatic event, the Mentel than the mentel than the	Com	12 th 17. Father's Neme (First, Middle, Last)	College (1-40r 5+)	Fi1	e Cl	er ¹ 5	me (First Middle	Socia:		rice
ylan	2 should be filed end Mentel Hygis Is marked other aumatic event, in	To Be	Archie Newsome		-			e Butc			
Mar	th end 7 is me traum		19e. Informent's Neme/Reletionship (19e) Tremaine Brown				tend Number or Ru roll St			Stete, Zip Co.	
altimore,	ages 1 end nt of Heelth : If item 27 or other tr		20e, Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐	Removel from Stete	b. Plece of Disposition (cemetery, cremetory	Verne of or other ple	oce)	Dete	20c. Location -	City or Town,	Stete
Paltin	permit. Peges Department of Important: If it any injury or once.		4 □ Donetion 5 □ Other (Specify 21. Sometime of Funeral Service Licen	,		end Addre	Park ess of Fecility Morto	11/6 n & So	RAnda:		
x 68760,	Physician // Medical payantinete pe as physician and physician and physician and as the prinel-transit	/Medical Examiner	Immediate Ceuse (Final disease or complete Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	MYOCARDIAL e. Due to b. CORONARY AR	INFARCTION O (or as a consequence	of):	Aa, /	ug			ervel Between isset end Deeth 24Cars
, P.O. Box	iew requires thet the death certif es been signed by the attending 2 should be deteched for use a	by Physician/Med	Pert tl. Other significant conditions of CHRONIC RENAL INSUF		resulting in the underlyir	g cause gi	iven in Pert I.		tobacco use co		e cause of death? ly 4 □ Uni triowi
of Vital Records,	0 - 0	Completed b						perf	s en eutopsy ormed?	evellet comple of deal	eutopsy findings ble prior to etion of cause th?
/ital	Iclan: The	Be	25. Wes case referred to medical examiner?				28. Place of Dec		12	1016	15 20140
of	this aldi	2	1 Yes 2 No 27. Manner of Death	Hospitel: 1 Inpatient 2 28a. Dete of tnjury	ER/Outpetient 3□ 28b. Time of	DOA			idence 6 Oth		
Division	Attending or death. ector: After by the fune	Certification:	1 Neturet 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not be determined	(Month, Dey Year	Injury M thome, ferm, street, fee		rk?]Yes 2∐No	28f. Location	(Street and Numb wn, Stete)		oute Number,
	To the Hospital or within 24 hours effect To the Funeral Direction of the Completely filled in	edical (29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medicat Exam	raicfan: To the best of my inter: On the basis of exame and menner steted.	knowledge, death occurr Inetion end/or Investiget	ed et the ti ion, In my	ime, dete end plece opinion, deeth occu	, end due to the	cause(s) end me date and plece,	enner es stated and due to the	d. cause(s)
	To the within 2 To the comple	Me	29b. Signeture and title of certifier			29c. Licens	se number 15872	,	29d. Dete signe No ver	nd (Month, Day	, Year) 1996
	Ц		30. Name end eddress of person who o	ompleted cause of deeth (I	tem 23a) (Type, Print)	k He	eyhs	Are	2120.	F	
	Sta Registr		31. Dete filed (Month, Day, Year)	6 File alice	Billhardall						

DHMH 16 Rev 6/95



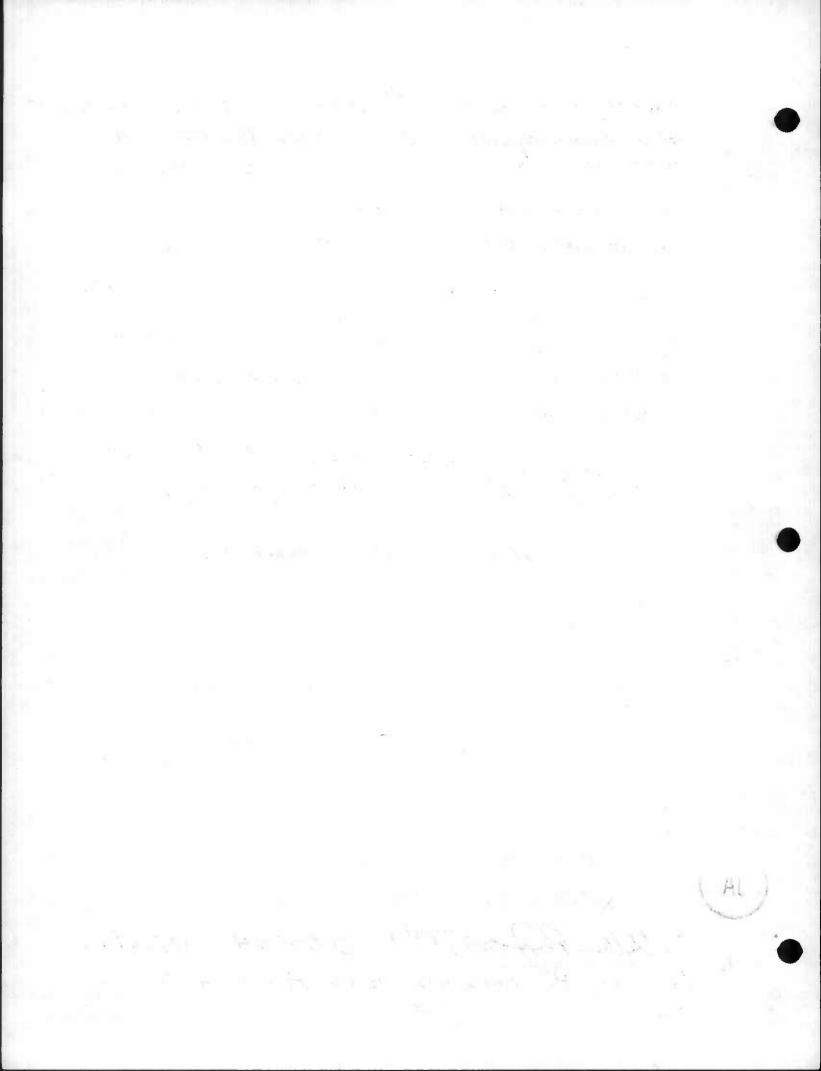
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 1301ANd AROI 0500 12 NOU /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Burvie 61en Dr MORNINGSide If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. DeC 29. 6. Sex 7. Age (In yrs. last birthday) 78 Yrs. 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 36 0265 1 M X XF 230 Director Va. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits re 23a or 28a-f ahov Glen Burnie Md Anne Arundel Director 1 Tyes 28 No 10f. Zip Code 21061 10e. Street end Number 10a. Citizen of Whet Country? with 406 Morningstar Drive USA Completed by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Year or Dates: 7 is marked other than "naturel", or items traumatic event, the Medical Examiner in Was Decedent of Hispenic Origin? (Specify Yes or No-tf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Maritel Status Race - American Indian, Black, White, etc. filed within 72 hours aftar 1 ☐ Never Married 2 ☐ Married 21215-0020 White 1 ☐ Yes 2 ☑ No Specify: 3 ₩ Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondery (0-12) Cotlege (1-4or 5+) Medicine Nurse 12 Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Pages 1 and 2 should be fament of Haalth and Mental Int: If Item 27 is marked of John William Hasler Margaret Sellers 19a. Informent's Neme/Relationship (Type, Print) 9b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)
7916 Honeysuckle Rd., Bent Mt., Va 24059 DOnald E. Hasler other 1 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 5 1390,. Md Department of Important: If any injury or once. Nov 13 Metro Crematory 21. Signeture of Foneral Service Licenses 22. Name and Address of Fecility
Hardesty Funeral Home, P.A., 12 Ridgely Ave., Annapolis, Md 2140

23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellows that only one cause on each line. Annapolis, Md 21401 Approximate Onset end Deeth **Physician** /Medical Immediate Cause (Finel Arteriosclerotic Heart disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be axecuted the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): ata has been signed by the a page 2 should be datached t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Be Completed 24b. Were eutopsy findings evelleble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? this certificata has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: director, 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Director: After this Certification: 27. Megner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No death. 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) A H 4 Homlcide 29e. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, and due to the ceuse(s) end menner steted. 29b. Slaneture end title of certifier 29c. License number Total 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who refeted cause of deeth (Item 23e) (Type, Print) 32? Registrer's Sign Dete filed (Month, Dey, Year) State

Registrar

NOV 15 1996



State of Maryland / Department of Health and Mental Hygiene 96

1. Decedent's Name (First, Middle, Last) Decedent's Last Description of Death Modifical Examiner Decedent No. Decedent					Cer	tificate of	Death		Reg. No.		
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So South Security Number South Security Numb	\		4a. Fecility Name (If not institution, give	street and number)	15		4b. City, Town, or I		4c. County	of Death	б. ос р. т
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17. Pather's Name (Pizz, Moddle, Last) 18. Mother's Name (Pizz, Moddle, Last) 18. Mother's Name (Pizz, Moddle, Massion Surrame) 18. Mother's Name (Pizz, Moddle, Massion Surrame) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number (Cyr Trade, State, Zp Code) 18. Maling Address (Sineat and Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Rival Route Number or Riv	1215-U	mpleted	(Specify only highest grade	completed)	(Give k	ind of work done O NOT use retire	during most of wor ed)	king	16b. Kind of Bu	. 1	
20. Name of Disposition (Name) of Dispositio	200	Be	17. Father's Name (First, Middle, Last)			ОР	1	ne (First, Middle,	Maiden Sumam	-	701
20. Name of Disposition (Name) of Dispositio	aryies should nd Mei marke umatic	10			19b. Mailing	Address (Stree	t and Number or Ru	ral Route Numbe	r, City or Town,	State, Zip	Code)
Physician The disease or complete terms and address of Fealthy The disease or complete terms The disease or complete t					4513	5 01d	0 1 .	ck Rd	Bal	to, n	nd 21229
Physician Medical Examinar Physician Physicia			1 Burial 2 □ Cremetion 3 □ R		emetery, crem	atory or other pl	/ / / I		.Λ		A
Physician Physician Physician Indicate Cause (Final disease, or completations that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Physician Physician P	Demit. Depenting		21. Signature of Funeral Service License	manles of	>> n	rach	f. H-We		A		
Pitystician Madical Examiner Part II. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying codes given in Part I. Part III. Other significant conditions contributes to the cause of death of the code of death code of d			23a. Part1. Enter the disease, or compli- shock, or heert failure. List only on	cations that ceused the death					rest,		Approximete Intervel Between
Security Delete				Ω	1.1			. 1	0		Onset end Death
Cause (Disease or Injury that Inhieled events resulting in death) Last Part II. Other algnificant conditions contributing to death but not resulting in the underlying celes given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying celes given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying celes given in Part I. Part II. Other algnificant conditions contribute to the cause of death 1 Ves 2 Mo 3 Probably 4 Unknowned to the cause of death 1 Ves 2 Mo 1 Ve			disease or condition	Dun to (or	an consequ	rence of):	Coyes	trun hu	1	1	2 yrs
Cause (Disease or Injury that Inhieled events resulting in death) Last Part II. Other algnificant conditions contributing to death but not resulting in the underlying celes given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying celes given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying celes given in Part I. Part II. Other algnificant conditions contribute to the cause of death 1 Ves 2 Mo 3 Probably 4 Unknowned to the cause of death 1 Ves 2 Mo 1 Ve	uted J ansit	mine	_ b		*	2 0	Joile	L			181
Described to the cause of death but not resulting in the underlying cedse given in Part I. Part III. Other significant conditions contributing to death but not resulting in the underlying cedse given in Part I. 1	/6U, be exact siclan end buriel-tre		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	metosto:	t.c	Co	- 7	Che	·		
25. Was cese referred to medical overlapped by the state of place of the state of place of the state of the s	0 E B 8		resulting In death) Last	Due to (or	es e consequ	ence of):	wtil	_			
Company Comp	death death e etter	siciar	Part il. Other significant conditione con	ributing to death but not resu	Iting In the un	deriving cease a	iven in Part I.	23b. Did to	obacco use cor	tribute to	the cause of death?
Company Comp	thet the	y Phy						101	08 2 No	3 Prob	ably 4 🗆 Unknow
25. Was cese referred to medical examiner?	m 9 N	pleted b						24a. Was e perfor	en autopsy med?	ave	ilable prior to
27. Menney of Death 1		Com						1 🗆 Y	es 20 No	1 🗆	l Yes 2□ No
27. Menney Death 1	entific setor,	Be	examiner?					th (Check only or	ne)		
29a. Certifier (Check only one) 29b. Signature and title of position 29b. Signature and title of position 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 31. Date filed (Month, Day, Year) 32. Acquisiters (Month, Day, Year) 33. Pagistrar's Spatters 34. Date filed (Month, Day, Year)	hysic his ca	2	1 ☐ Yes 2 ☐ No H	ospital: 1 Inpatient 2 I	ER/Outpatient	3 DOA	her: 4 Nursing H	ome 5 Resid	ence 6 Othe	er (Specify)
29a. Certifier (Check only one) 29b. Signature and title of position 29b. Signature and title of position 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 31. Date filed (Month, Day, Year) 32. Acquisiters (Month, Day, Year) 33. Pagistrar's Spatters 34. Date filed (Month, Day, Year)	nding Pl ath. r: After the funera		1 Naturel 5 Pending	28a. Date of Injury (Month, Day Year)				28d. Describe h	ow injury occurr	ed	
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of online 29c. License number 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 31. Date filed (Month, Day, Year) 33. Name end address of person who person who completed cause of death (Item 23e) (Type, Print) 33. Name end address of person who completed cause of death (Item 23e) (Type, Print) 34. Date filed (Month, Day, Year)	or Atte	ertific	determined	28e. Place of Injury - At hos building, etc. (Specify	me, farm, stre	et, factory, office		28f. Location (S City or Tow	treet and Numbern, State)	er or Rural	Route Number,
30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 31. Date filed (Month, Day, Year) 32. Registrar's Spatter	Hospita 24 hours Funeral letely fille		(Check only 2 Medical Examin	er: On the basis of examinati	viedge, death on and/or inve	occurred at the t estigation, in my	ime, date end place opinion, death occur	and due to the c rred at the time, d	ause(s) end me late and place, s	nner es sta and due to	ated. the cause(s)
30. Name end address of person who completed cause of death (Item 23e) (Type, Print) 36 40 Fonds Ln Boff My 21215 State 31. Date filed (Month, Day, Year) 32 Applications Spatial Control of the Contr	complete the the	Me	29b. Signature and title of confiler	0.00	Δ	29c. Licen	se number	2	29d. Dete signed	(Month, E	Dey, Year)
State 31. Date filed (Month, Day, Year) 33 Alegistrar's Spatia	0		W- (*	FIDH			20159		11-	12	36
State 31. Date filed (Month, Day, Year) 33 degistrar's Stratus (Month) 15 1006			30. Name end address of person who con	364	OF	rint)	Ln	Batt	Mn	21	215
				32 Registrar's Spat	all						

The same of the sa

State of Maryland / Department of Health and Mental Hygiene

10f. Zip Code

Housewife

20b. Piaca of Disposition (Neme of cemetery, cremetory or other placa)

Holly Hill Cemetery

Arteriosclerotic Cardiovascular Disease

Due to (or as a consequence of):

Due to (or as a consequence of)

Due to (or as a consequence of):

28b. Time of

1 ☐ Yes 2 ☑ No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

1534 Williams Ave.

22. Name and Address of Facility

Baltimore

18. Mother's Name (First, Middle, Meiden Sumema)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

11/13/96

Connelly Funeral Home of Essex

300 Mace Ave. Baltimore Md.

Sarah E. Stuart

Baltimore Md.

24a. Was an autopsy performed?

Other: 4 Nursing Home 5 Nesidenca 8 Other (Specify)

26. Place of Death (Check only one)

INSPECTED

28d. Describe how Injury occurred

1 Yes 2X Mo

21224

13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.)

9. Birthpiace (State or Foreign

10g. Citizan of What Country?

Specify:

16b. Kind of Business/Industry

USA

14. Race - Amarlcan Indian,

White

Biack, White, etc.

own home

20c. Location - City or Town, State

Baltimore MD.

Approximata Interval Between Onset and Death

10d. Inside City Limits

Yes 2 No

96-	64	2	1	_	5	T()
CT	Р						

Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death 3. Time of Death Month NOVEMBER 10, 1996 **Physician** 11:20 AM AMANDA LAVERN BLACKBURN /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 6827 BANK STREET BALTIMORE n/a| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (Stete Months Days Hours Min. | Sept. 9, 1910 | Maryland

7. Age (In yrs. last birthday)

10c. City, Town or Location

86

12. Was Dacedant Ever In U,S. Armed Forces?

1 ☐ Yas 2 X No If Yes, Give Year or Dates:

College (1-4or 5+)

Onne

1 ☐ M 2 🕮 F

n/a

15. Decadent's Education (Specify only highast grede completed)

Funeral Director 5. Social Security Number

10e. Straet and Number

10a. State

Md.

217-01-4726

Usuai Residenca of Decadent

10b. County

6827 Bank Street

John Adam Sparr

1 □ Burial 2 □ Cremation 3 □ Removal from State

19a. informent's Name/Relationship (Type, Print)

1 ☐ Never Married 2 ☐ Married

3™ Widowed 4 Divorced

Elementary/Secondary (0-12) 7th

17. Father's Name (First, Middle, Last)

Ron Snyder/son

20a. Method of Disposition

the Maryland r 28a-f show notified at

b "natural", or items 23s or edical Examiner must be. death the Medical

72 hours after filled within Hygiene. Pages 1 and 2 should be nent of Health and Mental or other traces or other traces

timore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

Physician /Medical **Examiner**

The law requires that the deeth certificata be axecuted bunal-transit physicien the USB 88 signed by t peeu has paga 2 certificate Attending Physician: funaral director, this Certification: Aftar death. I or Attendi after death Director: A filled in by To the Hospital of within 24 hours af To the Funeral D completely filled it Medical

State

Registrar

Director Completed by Funeral Be

4 ☐ Donation 5 ☐ Other (Specify) Immediate Cause (Finel disease or condition rasulting in death) Examiner

21. Signatura of Funerai Sarvica Licansee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Physician/Medical þ Completed Be ٩

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Wes case referred to medical examiner? 1 Nes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 1 Natural 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Phyelclen: To the best of my knowledge, death occurred et the time, date and plece, and due to the cause(s) end manner as stated.

Continued in the best of my knowledge, death occurred et the time, date and plece, and due to the cause(s) end manner as stated.

Continued in the best of my knowledge, death occurred et the time, date and plece, and due to the cause(s) end due to the cause(s) and manner stated. 29a, Certifler 29b. Signature apt title of certifier

29c. License number O.C.M.E.

28c. Injury at Work?

1 Yes 2 No

29d. Data signed (Month, Dey, Year) NOVEMBER 10, 1996

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

23b. Did tobecco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

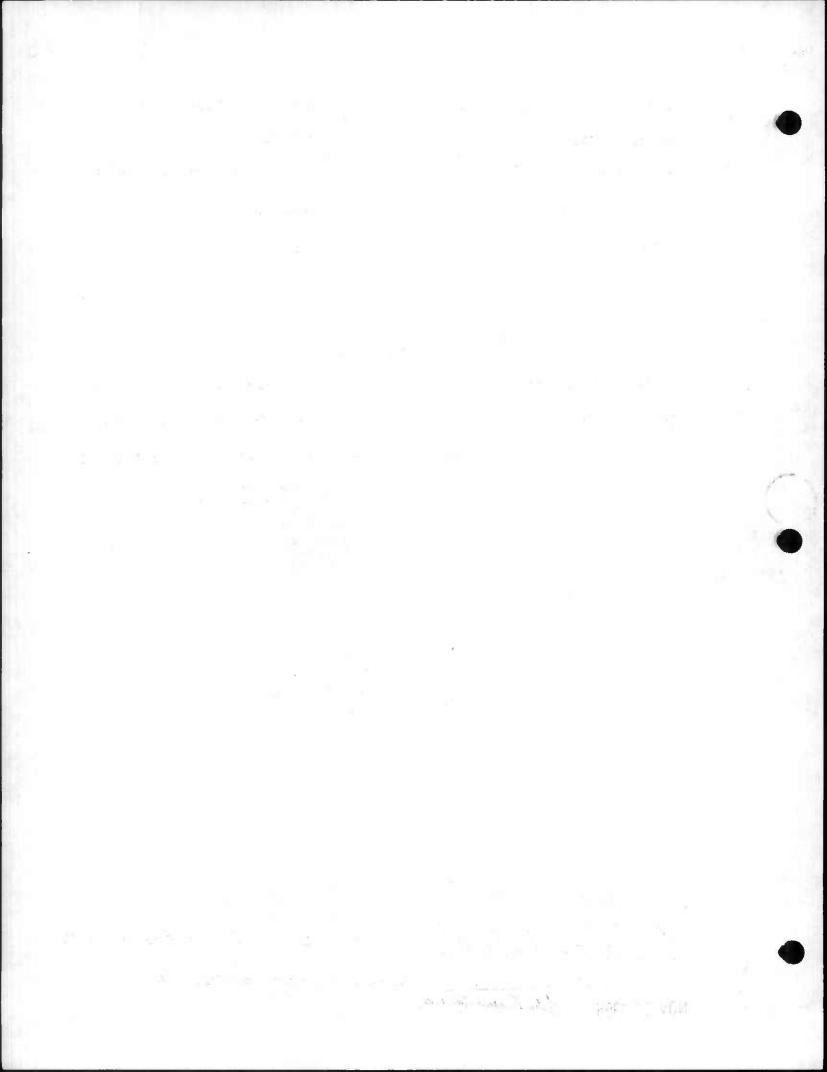
24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No

ne and address of person who completed cause of death (Item 23a) (Type, Print)

J. LARON LOCKE M.D. 1. Date filed (Month, Dey, Year) NOV 15 1996

111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene

	6	3	3.1	3	2	L

						Cei	rtificate of	Death		Reg. No).		
Discontinue			1. Decedant's Nema (First, Middla, Last)						Data of Deeth Month Day Year				
Physician /Medical			Helen G. Bratt						vember		Year 1996	08:02 AM	
Examiner			4a. Facility Nama (If not Institution, give street end number)					4b. City, To	of Death 4c	4c. County of Deeth			
			Charlestown Care Center					Catonsville Baltimore					
	Funeral Director		5. Social Security Number 220-01-2241	6. Sax 1 ☐ M 2 🖾 F	7. Age (In yrs. last birthday) If Undar 1 Yeer Months Days				24 Hrs. 8. Dat Min. (Mo	e of Birth onth, Day, Yaar) 22 19	of Birth (th, Day, Yaar) 9. Birthpla Country 22 1910 Mary		ce (Stata or Foreign
	P.		Usuei Rasidence of Dacedant						, , , ,				
21215-0020	r 28a-f show	Be Completed by Funeral Director	Maryland Balt	imore		Catons v				10d. Inside City Llmits 1 ☐ Yas 2 ☒No			
	23a or 28		10e. Street and Number 711 Maiden Cho	ice Lane,	Frede	rick House	10f. Zip Coda 21228	3		10g. Cli	USA	hat Country	y?
	or Items		11. Marital Status 1 □ Naver Married 2 □ Married 3 ☑ Widowad 4 □ Divorced 12. Was Dacedent Ever In Armed Forcas? 1 □ Yas 2 ☑ No If Yes, Giva Yeer or Dates:			1	S. 13. Was Decedant of Hispanic Origin? (Specify Yas or It Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1□ Yes 2☒ No Specify:			s or No- atc.)	No- 14. Race - American Indien, Black, White, atc. Specify: White		
	within 72 hours ena. than "natural",		15. Dacedent' (Specify only highas Elementary/Secondary (0-12) 1 2	s Education t grada complatad) Collaga ((Giva lifa. l	tent's Usual Occu kind of work done DO NOT use retire	a during mos ed)				inass/indu	
2	al Hygiena. I other than vent, the M	Con				tele	phone of	perato:	r	Univ	versi	ty of	MD
arylan	should be fill and Mental His marked oth	To Be	17. Fathar's Nama (First, Middla, L John Grant Ru						ars Nama <i>(First,</i> y Cecili)	
	and and me		19a. Intormant's Name/Raletionsh Thomas Bratt (ip (Type, Print) son)			ng Address <i>(Stree</i> Circle I			-	or Town, S 212		Coda)
	of Ha		20e. Mathod of Disposition	2 CD	1	Placa of Dispo	sition (Nama of natory or other pla	ace)	Data	20c. L	ocation - C	ity or Tow	n, Stata
Ē	Pag mant: H uny o		4 □ Donetion 5 □ Other (Sp			Loudon Park Cemetery			11/14	Ba:	Baltimore, MD		
Balt	permit. Pages 1 and 2 Department of Health i Important: if Item 27 is any injury or other tra once.		21. Signature of Femeral Service Licenses 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 21229										
			23a Part1. Enter the disaasa, of	complications that	aused tha	th. Do not ant	ar tha moda of dy	ing, such as	cardiec or raspin	ratory arrast,	FID	A	Approximate
À	Physician /Medical		23a Part 1. Enter the disease, of complications that caused the cauch. Do not anter the mode of dying, such as cardiec or respiratory arrast, shock, or heart tailure. List only one cause on each line. Approximate interval Between Onset and Death Immediate Cause (Final disease or condition Bladder Caucer June										
в	Examiner		rasulting in death) Due to (or as a consequence of):										
	P #	ine.											
0,	v requires that the death certificata be executed been signed by the attending physician and should be datached for use as the buriat-transit	edicai Examiner	Sequantielly list conditions, if eny, leading to Immedieta cause. Entar Underlying Cause (Diseasa or Injury that initiated avents rasulting in death) Last Due to (or as a consequenca of):										
68760,	physic the b	dlca											
ox 6	certifi nding usa as	3	d										
m	death a atter	Physician	Part II Other elgoificent condition	a contribution to d	ooth but not re	andtine in the co	a da shilana a a u a a is	tion in Deat I	95	h Didtahaas		militare de de	he serves of death?
P.0	by the	hys	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.						. 20	3b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown			
	s that	Be Completed by Pl								2,210 0011011011, 4001110111			
Records,	w require s been sig							24	a. Was an euto performed?	an eutopsy med? 24b. Wara eutopsy tindings eveileble prior to completion of causa of death?		eble prior to pletion of causa	
	Tha law ata has paga 2									1 ☐ Yas 2	No	10	
of Vita	ant: The		25. Was case ratarred to medical					26. Placa	of Death (Chec				
2	galet debe	ToE	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	Inpatient 21	☐ ER/Outpatien	1 3 DOA OI	har .		Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify)			
	g Ph		27. Mannar of Death	28a, Deta	28a. Deta of Injury 28b. Time of 28c. Injury at 28d.					d. Dascribe how injury occurred			
O	B 1 2 3		1 ØNatural 5 ☐ Panding 2 ☐ Accidant invastig	ation	M 1 □ Yas 2 □ No								
Division		Certification:	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida datarmii	ned Zoe. Plece	28e. Pleca of Injury - At homa, ferm, street, fectory, office building, atc. (Specify)			28f. Location (Street and Number or Rural Route Number, City or Town, State)					
	Hepti 24 ferra Fundi lately fille	edical C	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceusa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and mannar stated.									ted. he cause(s)	
	To the To the Complete	Me	29b. Signatura and titla of certifier 29c. Licansa number D3405					5-7		29d. Data signed (Month, Day, Year) November 11, 1996			
	17		30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print) Gan y R pplebaum MD 711 Mander Charle (use 21228) 31. Data filed (Month, Day, Yaar) 32. Registrat's Signature										
	()		31. Data filed (Month, Day, Yaar)	eboun - 20 E	Registrar's Sin	111 M	anden	2401	the ("	re L	166	8	
	Sta Registi		NOV 1 5 199	5 Jahr	indian	Revolution							

State of Maryland / Department of Health and Mental Hygiene 96 34325

						Certific	cate of	Death		Reg.	No.			
	Diam'r.		1. Decedent's Neme (First, Middle, La	ist)						of Deeth		Marie .	3. Time	of Deeth
	Physic /Medi		JAMES R.			BA	ARR		NOVE		Day 13. 1	Yeer 1996	3:00	P.M.
	Exami		4e. Fecility Neme (If not institution, give	re street end number)		- 21		4b. City, To	wn, or Location of			y of Death		
			THE JOHNS HOPKIN	S HOSPITAI				BALTT	MORE CIT	v				
Н	Funeral				In yrs. lest birt	hday) If U	nder 1 Year					9 Birthi	piace (State	or Foreign
п	Director		219 10 4162	19€M 2□F 72		Yrs. Mon	ths Deys	Hours		of Birth		Cour	ntry)	or r oreign
			Usuel Residence of Decedent						Dec.	13,	1923	Md.		
	/land	-	10e. Stete 10b. County	11	Oc. City, Town	or Location							10d. Inside (City Limits
	Mary Fish	ō	Md. Carroll		Upper	00							1 ☐ Ye	s X No
	288 the	2	10e. Street end Number			106	. Zip Code			100	Citizen of	What Cour	ntn-2	
	with a or	Funeral Director	1000 Emory Church	h Road			21155					WHAT COU	nuyr	
	s 23	era									S.A.			
	them them	5	11. Maritei Status	12. Wes Decedent Eve Armed Forces?	er in U,S.	13. Was Di	ecedent of I specify Cub	Hispenic Orl an, Mexicar	gin? (Sp <i>ecif</i> y Yes i, Puerto Rican, et	or No- c.)		ce - Americack, White,		
20	s aft	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	1 √Yes 2 No if Yes, GwwTT Yeer or Dates:		1□ Ye	s 25No	Specify:			Speci	fve.n. : .		
8	ural'	D D										^b Whit	e	
21215-0020	within 72 hours aftar death with the Maryland ena. than "natural", or items 23s or 28s-f show its Medical Examiner must be notified at	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	16e.	Decedent's l (Give kind or life. DO NO	Jsuei Occup f work done	petion during mos	t of working	168	o. Kind of E	Business/In	dustry	
12	han vithir	d L	Elementary/Secondary (0-12)	College (1-4or 5+)		chanic		id)		т	ш О (70200		
7	led v	ပ္ပ	12		110	CILCUIT		1			T.O.			
Ē	tal H	Be	17. Fether's Name (First, Middle, Last						er's Name (First, A		den Sume	me)		
× ×	Men Men arke	2	James Daniel 1	Barr				Kath	erine Sm	ith				
Maryland	and and and and and and		19e. Informent's Neme/Relationship (Type, Print)	19b.	Meiling Add	ress (Street	end Numbe	er or Rural Route	Number, C	ity or Town	, Stete, Zip	Code)	
2	and saith n 27 er tr		Betty L. Barr		10	UU Emo	ory Cr	nurch	Rd. Uppe	rco	Md.	. 211!	55	
ore	of He		20a. Method of Disposition		20b. Pleca of cemeter	Disposition ((Neme of or other ple	ice)	Date	200	. Location	- City or To	own, State	
Ĕ	Pag mt: H		1 Usuriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	(v)	Evergr	een Me	em. Ga	ardens	11/16/9	6 Fi	nksbu	irq, I	Md.	
paltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiena. Important: If Item 27 Is marked other than "natural", or Items 23s or 28s-f show any Injury or other traumatic event, the Medical Example; must be notified at ence.	2.1	21. Signeture of Funerei Service Licer	1500		22. Nem	e end Addre	ess of Fecilit	Haight F		7 **	31		
D.	Depa Impo any Ir		17/20 41 41	1-11		PO	Roy 1	95 50	hargiit r	unera	11 HOT	ne 24		
		Н	23a Part Forming disease of the	Want -	doath Don	at antar the	made of dail	on our or	vezatire	, CIE ,	2170)4	Alleria del	40
u.			23a. Part1. Enter the disease, or don't shock, or heart failure. List only	on each line.	death. Don	or enter the r	nooe or dyn	ilg, such es	cardiac or respire	ory errest,			Approxime Intervei Be Onset end	etween
	Physician /Medical		Immediate Ceuse (Fine)	1 1						0 1	. /	1	A A	
	Examiner	Н	diseese or condition resulting in death)	a Intra	rentr	icula	r he	non	rhage 1	omple	cotea		8day	15
		-		Due	e to (or es e c	onsequence	of):		CERTIFIE	-			8dan	ı
	bed nsit	n in		By Head	Injur	4			AMON A	~			8gar	15.
	aath certificate be axecuted attending physician and I for use as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	a. Intra-	e to (or as a c	onsequenca	of):			MOVED BO	4	-		•
68760,	be a iclan burie		cause. Enter Underlying Cause (Disease or Injury	C							EDICAL	-		
87	phys the	Medical	thet initieted events resulting in deeth) Last	Due	to (or es e co	onsequence	of):				-	AMINES		
×	ding Se as	Me		d								0	S	
_	ath o	lan												
o	law requiras that tha daath as been signed by the atter 2 should be detached for u	Physician	Pert ii. Other significant conditions of	ontributing to death but n	ot resulting in	the underlyir	ng cause giv	en in Part i	23b	Did tobac	cco use co	entribute to	o the cause	of death?
<u>.</u>	d by letac	Ph								1 🗆 Yes	2) No	3 Prof	bably 4	Unknown
ග [ි]	as the	by												
ecords,	v require been sig should b	ted							24a.	Wes en e		24b. W	ere eutopsy eiiable prior	findings to
ပ္ထ	has be	De								,		CO	mpletion of death?	cause
r	0 - 5	Completed								1 Tes	2000	1.5	Yes &	No
<u> </u>		Be C	25. Was case referred to medical					28 Piece	of Death (Check					
>	Physician: this certific	0	exeminer?	Hospitei:	2 ER/Out	nationt 3	DOA Oth	or.	rsing Home 5		6 DO#	nor (Specif	6.4)	
Division of Vital	a Physical or this or	E	27. Menner of Deeth	28e. Dete of injury	28b. Ti	me of	28c. injur				njury occui		<i>y</i>)	
0	th. th. r: After e fune	오	1 Naturel 5 Pending investigation	(Month, Day Ye		D PM		Yes 201	vo Fel	1 1		ladd	orc	
/18	1	=	3 ☐ Suicide 6 ☐ Could not be	28e. Pleca of injury	At home, fan		tory, office		28f Loca	ion (Stree	end Numi	har or Rum	Pouto Mur	nber.
5	A SEE	Certification:	4 Homicide	building, etc. (S	респу)	me							ory C	hurch
1	ME		29a. Certifier 12 Certifying Ph	ysician: To the best of m	v knowiedae.	deeth occurr	ed et the tir	ne, dete en	t piece and due to	the ceus	a(s) and m	anner es et	55 teted	
(122	edical	(Check only 2 Medical Examone)	niner: On the basis of exe end menner steted	eminetion end	or investigat	ion, in my o	pinion, deet	h occurred et the	lime, dete	end piece,	and due to	the cause(s)
1	0 14 0	M	29b. Signature and tyle discertifier	101		1	29c. Licens	e number		29d.	Date signe	ed (Month,	Dey Year)	
ď	->-0	- 1	· 11)	17/			De	S . A	00					,
	XX	1	W +.		10		KE	3 - 0	00	No	vemb	er 14	199	6
	12	- 1	30. Name and address of person who o		(item 23a) (T	ype, Print)	10	1.1	ife stre	-1	R.11		~	
			31. Deta filed (Moeth Pau Keen)	TEZANA	Mey	er 7.	113	Wo !	the stre	et	Ualt	MOU	e Hi)
	Sta Registra		NOV1 5 1996	Jana al gradian area	hardall									
	3.00			/										

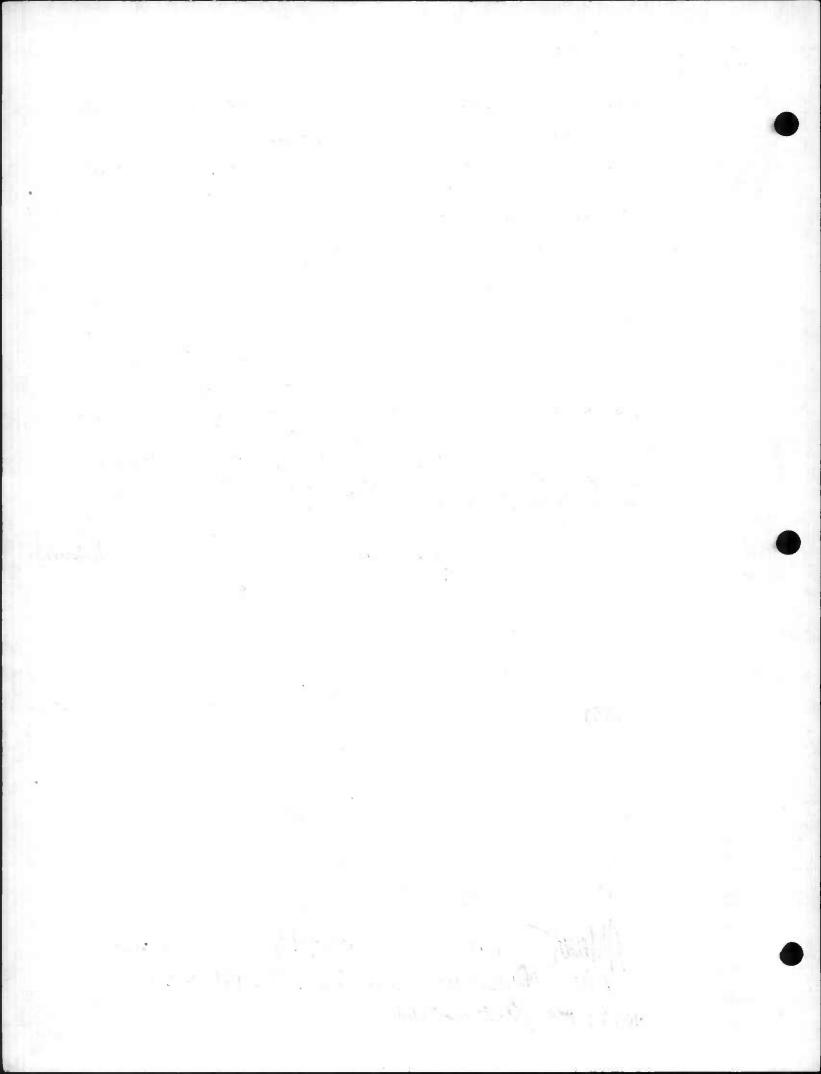
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. # a-741 State of Marvland / Department of Health and Mental Hygiene

ITEM: 24a, PER DR. FILM g-741 State of Maryland / Department of Health and Mental Hygiene 11/15/96 t.t

34326

					Cei	lilicate Ul	Dealli		Reg. No.		
	hysici /Medic		Decedent's Neme (First, Middle, Last Madaleine M.	. Chaffman				2. Date of De November	er 4, 19	996ar	3. Time of Deeth 10:30 an
4	xamir		4e. Fecility Name (If not institution, give Inns of Evergreer				4b. City, Town, or Baltimor		4c. Count Baltir		City
-	neral ector		5. Social Security Number 179–20–2830 6. Se	7. Age (In yrs. 73	last birthday) Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir	th 71923	9. Birthr Pefin	olace (Stete or Foreig
ъ.			Usual Residence of Decedent								
Marylan	Find at	tor	Maryland Baltimore		y, Town or Loo Baltimo					1	Od. Inside City Limits XXYes 2 □ No
with the	3a or 28	al Dire	10e. Street end Number 4800 Yellowwood Ro	oas		10f. Zip Code 21	.209		10g. Citizen of USA		ntry?
permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiens.	saintoer mu	by Funeral Director	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes ĀĀ No If Yes, Give Yeer or Dates:		↓ Ves Decedent of I Yes, specify Cub	Hispenic Origin? (S en, Mexicen, Puert Specify:	pecify Yes or No o Ricen, etc.)	14. Ra Bia Specif	ce - Americ ck, White,	
3 2		Ď			140. 5		Tarana and an analysis and an				
2 2 5	a si	ete	15. Decedent's Edu (Specify only highest grad	le completed)	168. Deced	ent's Usual Occup and of work done	during most of wor d)	rking	16b. Kind of B	lusiness/In	dustry
ed within 72 hours af	T. Ine Me	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		hier			Manufac		ng
Maryland of 2 should be file lith and Mental Hy	itic even	To Be	17. Fether's Neme (First, Middle, Lest) Gus Pribelsky				18. Mother's Nan Rose	ne (First, Middle Dodd	, Maiden Sumer	m <i>⊕)</i>	
nd 2 sho	r traume		19a, Informent's Neme/Relationship (Ty Willard F. Chaffma	rpe, Print) an	19b. Meilin 4800	Address (Street Yelloww	end Number or Plu rood Road	, Baltin	er, City or Town	, Stete, Zip arylai	nd 21209
Dealtillioner, Semit. Pages 1 al Department of Hearmann of Hearman	ury or othe		20a. Method of Disposition 1 Burial 2 Cremation 3 F 4 Donetion 5 Other (Specify)	Removel from State	emetery, crem	etion (Neme of etory or other ple Memoria		Nov. 7	20c. Location Parkvi 1		own, Stete
Demit.	any Injudice		21. Signature of Fugeral Service License	ansenter.) 22 B 3	Name and Addre urgee-He 631 Fa11	ess of Fecility enss Fune s Road, 1	ral Home	2121	1	ina y Iniin
			23a. Pert1. Enter the disease, or combination shock, or heart teilure. List only or	icetions thet ceused the deat					_		Approximete
Physi /Med Exam	dical niner		shock, or heart teilure. List only of Immediate Ceuse (Final disease or condition resulting in death)	a	MUM as e consequ	inia					Intervel Between Onset end Deeth
axecuted	al-trensit	Examiner	Sequentially list conditions, if eny, leeding to immediate	D	r es e consequ						
law requires that the death certificate be associated as been signed by the attending physician and		an/Medical	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest	Due to (o	r es e consequ	ence of):					
ath c	or us	an									
de de	ped	sic	Pert ti. Other significent conditions con	ntributing to death but not resu	ulting in the un	derlying ceuse giv	en in Pert I.	23b. Did	tobacco use co	entribute to	the cause of death
s that the	be datached for u	by Physicia	COPT					10	Yes 2□No	3 Proi	bably 4 Onknow
Physician: The law requires the this certificate has been signed.	2 should b	Completed							en eutopsy rmed?	ev	ere eutopsy tindings eileble prior to mpletion of ceuse deeth?
The la	page	Ö						10	Yes XX No	10	Yes 2□ No
iclan: Th	ŏ	Be	25. Wes cese reterred to medical				26. Plece of Dee	th (Check only o	nne.)	1	
Physician:	direct	0	exeminer?	lospitel:	ED/Outpotions	old post Oth	or /			(0	
Phy Phy		-	27. Menger of Deeth	28e. Dete of Injury	ER/Outpetient 28b. Time of	28c. Injui		ome 5 Resident	how Injury occur	. , .	V)
Aft of	funer	ti Di	1 ■ Neturel 5 □ Pending 2 □ Accident Investigation	(Month, Dey Year)	Injury		k? Yes 2 □ No				
il or Attending after death.	d in by the	Certification:	3 Suicide 6 Could not be determined	28e. Plece of tnjury - At ho building, etc. (Specify	ome, ferm, stre	et, fectory, office		28t. Location (City or Tox		ber or Rure	I Route Number,
the Hospital thin 24 hours a	etely fill	edical C	29a. Certifier (Check only one) 1 Certifying Phys 2 Medical Examir	sician: To the best of my knowner: On the basis of examinet and menner steted.	wledge, deeth ion end/or Inve	occurred et the tir estigation, in my o	ne, dete end plece pinion, deeth occur	, end due to the rred et the time,	cause(s) end mo date end piece,	enner as si end due to	teted. the ceuse(s)
To the To the	ф		29b. Signature and tite at pertition			29c. Licens	e number		29d. Date signe	d (Month	Dev. Year)
ř ¥ ř	٥.		· / Meust	M	IF4		- 0			144	
(5		30. Name and address of person who be	mpland cause of deeth (Item	23a) (Type, P	rint) Ls	1569 iene Tre	e Pul	生子		
D	Stat	te	31. Dete tiled (Month, Dey, Year)	32. Registrer's Signer	ture						



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11/15/05 + +

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

11/15/05 + + 11/15/96 t.t

11055 Little Paturent

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 3. Time of Deeth 2. Dete of Deeth Carroll Month **Physician** MARGARET Overher 2 1990 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Howard County General Hospital Columbia Howard County If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign County)
Virginia **Funeral** Months Days Hours September 28, 1918 1 M 28 F 579-01-5251 78 Vre Director Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director Maryland Howard County 1 ☐ Yes 2 ☐ No Columbia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 5400 Vantage Point Road: #1210 21044 USA Items 23a Funeral 12. Wes Decedent Ever in U,S Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pagas 1 and 2 should be filed within 72 hours affar to Departmant of Haalth and Mantai Hygiana. Important: If Nem 27 is marked other than "natural", or iten any Injury or other traumatic event Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 🕱 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 25 No Specify. Specify: White þ 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) trust officer/ass't. v.p. unknown banking 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be George Hamilton Corder Edith Bradford 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ms. Sydney Mitchell/daughter 9265 Grapewine Court, Columbia, Maryland 21045 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1XDBurial 2 ☐ Cremetion 3 ☑ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Columbia Garden Mem. Pk. | 11-5-96 Arlington, VA 21. Signature Funeral Service Licensee 22. Name and Address of Facility
Slack Funeral Home, P.A. Ellicott City, Maryland 21043 M00535 sease, or or inplications that caused the death. Do not enter the mode of dyling, such as cerdiac or respiratory errest, **Physician** · Respiratory /Medical Immediate Ceuse (Final Zweeks disease or condition resulting in death) **Examiner** Physician/Medical Examiner INTERSITIAL LUNG DISEASE W/ ORGANIZING PNEUMONIA physician and s the burial-transit tha death cartificata be axecuted Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, VALVULAR HEART DISEASE Due to (or as e consequence of) usa ò signed by the a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2/2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were eutopsy findings 24e. Wes en eutopsy performed? eveileble prior to completion of ceuse of deeth? page 2 1 ☐ Yes 20 No 1 □ Yes 20 Division of Vital or Attanding Physician: 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ☐ ER/Outpetient 3 ☐ DOA this funaral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar 1 Natural 5 Pending investigation 24 hours after death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted. 29a. Certifier Medicai complataly (Check only one) within 2 29c. License number 29d. Date signed (Month, Day, Year)

MD

32. Registrer's Signeture

John Davilson Revell

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Nillian 31. Dete filed (Month, Dey, Year)

DHMH 16 Rev 6/95

State

Produced Williams

State of Maryland / Department of Health and Mental Hygiene

34328 Certificate of Death

Physician	
/Medical	
Examiner	

permit. Pagas 1 and 2 should be filed within 72 hours eftar death with tha Maryland Department of Health and Mental Physiena. Important: If Itam 27 is marked other than "natural", or Items 23s or 28s-1 show

Baltimore, Maryland 21215-0020

Physic /Med Exam

To the Hospital or Attending Physician: The law requires that the death cartificete be executed within 24 hours effer death.

To the Funerel Director: After this cartificate has been signed by the attending physician and

Division of Vital Records, P.O. Box 68760,

	1. Decedent's	Name (First, Midd	lle, Last)						2. Date of Deat			3. Time of Death			
an al	HAZEL			(COLEMA	N			Month 13 NOV	Day FMDFD	Year	0.22 D			
er	4a. Facility Nar	me (If not institutio	n, give street and nu					4b. City, Town, or L	ocation of Deeth	4c. County		8:32 P.1			
	SAINT	JOSEPH	MEDICAL	CENTE	ER		7	OWSON, M	ARVI.ANI	BAT	ттмо	DE			
	5. Social Secur		6. Sex	7. Age (In yrs.		If Under Months	1 Year Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day,		9. Birthpl	ace (State or Foreign			
		2-5869	1□M 20X7F	74	Yrs.	IVIOIIII	Days	Tiours will.	Dec.3,	1921	S. C	Carolina			
-	Usual Residen	ce of Decadent 10b. County		100 08	ty, Town or Loc	ation									
5	MD		N/A		B altim						10	Od. Inside City Limits 12 Yes 2 □ No			
Director															
	10e. Street and		- Charat			10f. Zip		1.0	11	0g. Citizen of		try?			
era	11. Maritel Stat		r Street		0 40.14		212				SA				
Funeral		rus Married 2⊟ Mar	Armed Fo		,5. 13. V	Yes, spec	ify Cub	lispanic Origin? (Sp an, Mexican, Puerto	Rican, etc.)		ca - America ck, White, e				
by		ed 4 Divorced	If Voc Gi	/e	1	☐ Yes 2	No.	Specify:		Specif	y: B1	ack			
		15. Deceden	nt's Education		16a. Decade	ent's Usua	l Occur	pation		16b. Kind of B	usiness/Ind	ustry			
Completed		Specify only highe Secondary (0-12)	st grade completed) College (1	405 51)	(Give A	ind of wor O NOT us	k done e retire	during most of work d)	ring	In Ho					
E	12tl		Conege (1	-401 34)	Beau	tici	an			111 110	Jine				
Be	17. Father's Na	me (First, Middle,						18. Mother's Nam			ne)				
ျှ	Will:	iam Par	tlow					Bessie	Picker	npack					
	19a. Informant	's Name/Relations	ship (Type, Print)		19b. Mailing	Address	(Street	and Number or Rui	al Route Number,	City or Town,	State, Zip	Code)			
	Const	ance Cu	rry		20	9	7,		de. Be	alto.	md.	21224			
	20a. Method of		3 Removal from	20b. P	Place of Dispos	ition (Namatory or or	ne of ther plac	De 11/19		20c. Location					
		on 5 Other (S		Cro	ownsvi	11e	Vet	t. Cemet	ery C	rowns	ville	e, Md			
	21. Signalura c	d Funeral Service	Licenson	1	22.	Name en	Addre	ss of Fecility	CON D	IIIIDD A 1	1101	(E D)			
- 1	M	minc	1/() H	OD T				DYETT 8 ERTY HEI							
\neg	23a Parti	for the disease, or	complications that confly one cause on e	aused he deat	n Do not ente	fhe mode	of dyir	ng, such es cardiec	or respiretory erre	osf,		Approximete			
i	4	rieurs rumpre. Light	Thy one cause on a	och and								Interval Between Onset and Death			
	Immediate Cause (Final disease or condition ACUTE MYOCARDIAL INFARCTION														
	resulting in dea	ith)	θ		r as a consequ		11 11	MC110IA				HOUR			
Examiner			ARTE				ARD	IO VASCU	ILAR DT	SEASE	VI	EARS			
Ше	Sequentially lis	t conditions,	o	7.5	r as a consequ	1				DIMIDE		III(D			
	Sequentially lis if any, leading to cause. Enter L Cause (Disease that initiated ev	Inderlying e or injury									1				
dice	that initiated ev resulting in dea	ents ith) Lest	Ü	Due to (or	r as e consequ	ence of):									
an/Medicai															
Physic	Part II. Other si	gnificent conditio	ons contributing to de	ath but not resu	ulting in the un-	derlying ca	use giv	en in Part I.	23b. Dld tol	bacco use co	ntribute to	the cause of death?			
5			MULT	IPLE S	SCLERO	CTC			1 □ Ye	8 2 No	3 Prob	ably 4 Unknow			
ğ					CHUINO	מדט					T				
ete									24a. Was ar perform		eva	re autopsy findings ilable prior to apletion of cause			
و								-			of d	eath?			
									1 □ Ye	s X No	10	Yes 2N No			
5		eferred to medical					1	26. Plece of Deat	h (Check only one	9)					
Q C	25. Was case re examiner?		11		ER/Outpatient	3 DO	A Oth	er: 4 Nursing Ho	me 5 🗆 Reside	nce 6 Oth	er (Specify,				
0	examiner?	2 X No	1 Yes 2 No Hospitel: Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)												
To Be	examiner?	2iXNo Peath 5 ☐ Pendin	g 28a. Date of (Mont)	of Injury h, Day Year)	28b. Time of tnjury		Bc. Injur	y at k?	28d. Describe ho		red)			
To Be	examiner? 1 Yes 2 27. Menner of D 1 Menner of D 2 Accider	2XNo Peath 5 ☐ Pendin investig	28a. Date of (Month)	of Injury h, Day Year)	tnjury	М	1 🗆	yat k? Yes 2□No		w Injury occur					
0 26	examiner? 1 Yes 2 27. Manner of D 1 ANatural	Peath 5 Pendin investig 6 Could	28a. Date of (Month) gation not be ined 28e. Piace		tnjury ome, farm, stre	М	1 🗆	yat k? Yes 2□No	28d. Describe ho 28f. Location (Str City or Town	w Injury occur					
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redical Certification: To Be	examiner? 1 Yes 2 27. Menner of D 1 Matural 2 Accider 3 Suicide 4 Homici 29a. Certifier (Check only one)	Peath 5 Pendin nt investig de Could r determ 1 Certifyin 2 Medical i	g gation and the second	of Injury th, Day Year) of Injury - At ho ng, etc. (Specify best of my know sis of examinat	tnjury	M et, factory, occurred a stigation,	office	y at k? Yes 2 No ne, date and place, pinion, death occurr	28f. Location (Str. City or Town, and due to the ce ed at the time, da	w Injury occur reet and Numb , State) use(s) end ma te end placa,	er or Rural	Route Number, sted. the cause(s)			
redical Certification: To Be	examiner? 1 Yes 2 27. Menner of D 1 Matural 2 Accider 3 Suicide 4 Homici 29a. Certifier (Check only one)	2 No Peath 5 Pendin investig 6 Could r determ	g gation not be ined 28e. Piace building Phyalcian: To the Examiner: On the ba and menn	of Injury th, Day Year) of Injury - At ho ng, etc. (Specify best of my know sis of examinat	tnjury	M Det, factory, Deccurred a stigation, 29c.	office t the tin in my o	y at k? Yes 2 No ne, date and place, pinion, death occurre	28f. Location (Str City or Town, and due to the ce ed at the time, da	w Injury occur eet and Numb . State) use(s) end ma te end placa, id. Date signe	er or Rural anner as ste and due to d (Month, D	Route Number, Ited. Ifhe cause(s)			
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DHMH 16 Rev 6/95

State Registrar 31 Date filed (Month, Day, Year) NOV 15 1996

State of Maryland / Department of Health and Mental Hygiene Q 6

34329

					Certificate of		Reg. I	-	0 04029	
	Physic	ian	1. Decedent's Name (First, Middle, Last)				2. Dete of Deeth Month	DeyY	3. Time of Death	
	/Medi	cal		res		# 65 T	NOVEMBER	12	996 5.15p	M
-4	Exami	ner	4a. Fecility Nama (If not institution, give s	treet and number	tor	4b. City, Town, or Lo	cation of Deeth	tc. County of	Death	
	Funeral		5. Sociel Security Number 6. Sax	7. Aga (in yrs. lest b	irthday) If Undar 1 Year		8. Data of Birth	- (. Birthplaca (State or Foraig	מו
	Director		212-26-1339 15 Usual Residence of Decedant	M 20 F 83	Yrs. Months Deys	Hours Min.	8. Data of Birth Month, Day, Yes	713 5	outh Carolin	a
	/land		10e. Stete 10b. County	10c. City, To	wn or Location				10d. Inside City Limits	5
	Demit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Manyland Department of Haath and Mental Hyglana. Important: if item 27 is marked other than "natural", or items 23s or 23s-f show any injury or other traumatic event, the Medical Examiner must be recitied at 200s.	ctor	Maryland N/A	Ba	Itimore				1 Yas 2□No)
	or 28	Directo	10e. Street end Number		10f. Zip Code	011	10g. (Citizan of Wh	et Country?	
	ath w	la	3014 Baker	51.	21	216		US	SA	
	Hem Hem	Funeral	11. Meritel Stetus 1 Navar Married 2 Marriad	Was Decedent Ever in U,S. Armed Forces?	13. Was Dacedent of If Yas, specify Cut	Hispanic Origin? (Spo pan, Mexican, Puarto	ecify Yas or No- Rican, atc.)		Amarican Indian, White, etc.	
020	urs af	by	3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Detes:	1 ☐ Yes 2 No	Specify:		Specify:	Black	
5-0020	72 ho	Completed	15. Decedent's Educ (Specify only highast grade	ation 160	a. Decedent's Usuel Occu (Give kind of work done	pation	ing 16b.	Kind of Bush	ness/industry	_
2121	Man .	mpl	Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use retire	0)	1	Paint	- Chan	
d 2	filed with Hygiana. ther than		17. Fether's Neme (First, Middle, Last)	0 111	achine c	18 Mother's Nems	a (First, Middle, Meid	an Sumamal	STIOP	_
lan	id be entai ked o	To Be	Sam Or	nmer		Mart	tha to	nia	h+	
Maryland	2 should be and Mental is marked o	-	19e. Informent's Neme/Reletionship (Typ	pe, Print) 19	b. Meiling Address (Stree	t end Number or Run	al Route Number, Cit	y or Town, St	eta, Zip Code)	_
Z	1 and 2 Haalth a		Mrs. Geraldine	Cromer 3	3014 Bak	er St.	Balt	0. Ma	1.21216	
ore	Pagas 1 nant of Ha int: If Ren iry or oth		20e. Method of Disposition 1 ■ Burial 2 □ Cremetion 3 □ Re	400mot	of Disposition (Nema of ary, gremetory or other pla	ісе)	Date 20c.	Location - Ci	ty or Town, Stata	
	pemit. Pag Departmant Important: It any injury o		4 ☐ Donetlon 5 ☐ Other (Specify)	Md.	Nationa		116/96 LC	JULE	I. Md.	
HE I	Departr Imports any inje		21. Signature of Funerel Sarvice License	PW	JOSED	ess of Facility	Funera	1. Hon	ne	
7_			23e Pert 1 Inter the disease or complic	which's that caused the death. Do	2222 U	1. North	Aue. Ba	HO. N	1d. 21216	
	Physician		23e. Pert1 Inter the disease, or complic shock or heert feilure. List only one	e ceuse on each line.	not onto the mode of by	A	or respiratory arrest,		Interval Between Onsat and Death	
- 11	/Medical		Immediate Cause (Finel disaesa or condition	Cand	iac and	Lymia				
	Examiner	Ļ	resulting in death) e.		consequence of):	0,				
	nsit	Examiner	b.	Card	comyope	ithy				
,	axecu n and al-trai	Exar	Sequentially list conditions, if eny, laeding to immediate cause. Enter Undarlying	Due to (or es a	consequence of):	1-1				
68760,	rificate be axecuted og physician and as the burial-transit	edical	thet initiated events	Dua to (or as a	consequence of):	-ancer				_
68	5 0 6	Med	rasulting in death) Last		ouriouquariou ory.					
Вох	daath cert e attandin ed for usa	Physician/M	d.							
	0 0 2	ysic	Part II. Other significant conditions conti	ributing to deeth but not resulting	In the underlying cause gi	iven in Pert I.	23b. Did tobac	co uae contr	bute to the cause of death	?
۳.	The lew requires that the de ste has been signed by the s page 2 should be detached I	by Ph					1 Yes	2□ No 3	☐ Probably 4☑ Unknow	vn
Records,	v requiras been sig should b						24e. Wes an au		24b. Were eutopsy findings available prior to	
eco	law re as be 2 sh	Completed					ponomied		completion of cause of death?	
		Con					1 ☐ Yes	2DNo	1 ☐ Yes 20 No	
Vital	ysician: The s cartificata director, pag	Be	25. Wes case referred to medical examiner?	ospitel:			(Check only one)			
o	Phys	1.70	1 Yes 2 No	Inpatient 2 ER/O	utpetient 3□ DOA Time of 28c. Inju		ma 5 Rasidence 28d. Describe how In			_
Division	Attending Physician: It death. Sector: After this cartific by the funeral director,	Certification:	Netural 5 Pending invastigation	(Month, Day Year)	Injury Wo	ork?]Yes 2□No	200. 2000.00 1101/1	,0., 000200		
Vis	ar des py th	tifica	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At home, f building, atc. (Specify)	erm, street, fectory, office		28f. Location (Street City or Town, Ste		or Rurel Route Number,	
ā	ital or ral Dia led in									
	Hosp 24 hou Fune staly fil	edicai	29a. Certifier (Check only one) Certifying Physic	clan: To the best of my knowledger: On the bests of examination e	e, deeth occurred et the ti nd/or investigetion, in my	ime, dete end pieca, opinion, deeth occurr	end due to the ceuse ed at the time, dete e	(s) and mann and plece, end	er as steted. I due to the cause(s)	
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: Att completely filled in by the fun	Mec	29b. Signeturp and titla of certifier	end menner steted.	29c. Lican				Month, Dey, Year)	-
	->-0		Derance L	. Lambons	03	7213	No	vember	- 12th 1991	^
	11		30. Neme end eddress of person who com	npleted cause of deeth (Item 23e)	(Type, Print)	1	1 / -	4	0 01	-
	1,		Terance L.	LAMB MC	s dule	ity Moc	had a	nter.	Baltmore	N
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registrar's Signetura		U				

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

34330

_							Cer	tificate (Of L	Jeath			Reg.	No.		
E	Physic	ian	Decedent's Name (First, Mid Margaret Coc									2. Date of D	Death	Day	Yeer	3. Time of Death
	/Med											Nover	141	13 1	796	0955
ı	Exami	ner	4e. Facility Name (If not institut Union Memori	-					4			ocation of Dea			y of Death	
	Funeral	Г	5. Social Security Number	6. Sex	7. Age	e (In yrs. last bin	hday)	If Under 1 Y	'ear ays	If Under:	24 Hrs. Min.	8. Date of B	Birth			place (State or Foreign
	Director		215-32-8747 Usuel Residence of Decedent	1□M XCXF		85	Yrs.	WOTHING DI	ays	riouis	IVIII.	Nov. 1	19 1	1910	MARY	ĽÁND
	how		10a. State 10b. Coun	ty		10c. City, Town	or Loc	etion							1	0d. Inside City Limits
	Ba-f s	cto	MARYLAND N	/A		BALT	IMO	RE CIT	Y							XXYes 2□ No
	vith th	2	10e. Street and Number					10f. Zip Co	de				10g.	Citizen of	What Cour	ntry?
	s 23c	Funeral Director	3915 Calloway				40.14		12		1.0.10			- 14	.S.A.	
	flar d	E	11. Marital Status 1 Never Married 2 Ma	12. Was Dec Armed F arried 1 \(\sum Yes	orges?	iver in U,S.	if	Yes, specify (Cubar	n, Mexican	, Puerto	ecify Yes or N Rican, etc.)	NO-		ce - Americ ack, White,	
020	al', or	by	XX Widowed 4 □ Divorce	if Yes G	iive		1	☐ Yes 2Ū	No	Specify:				Speci	BLA	СК
21215-0020	be filed within 72 hours after death with the Manyland stal thygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Evaniner rival be recited.	Completed	15. Decede	ent's Educetion lest grade completed	n	16a.	Decede	ent's Usuel Oc aind of work do O NOT use re	ccupa	ition	of work	ina	16t	o. Kind of E	Business/Inc	dustry
121	vithin na. han	Jd m	Elementary/Secondery (0-12)			+)			etired))	or work	9				
	filed with Hygiena. ther than		8th grade 17. Fether's Name (First, Middle	a Last)		Don	nest	ic	Т	18 Mothe	r'e Nam	e (First, Middl	lo Mai		ate H	ome
an	ed ala	To Be	Clement Hamilto									arker	e, wan	uen suma	nie)	
Maryland	2 should be filed and Mental Hygis is marked other aumatic event,	-	19e. Informant's Neme/Relation			19b.	Mailing	Address (St.	reet a			a/Route Num	ber, C	ity or Town	, State, Zip	Code)
	rt t		Thomas C. Dav	is/Son		92	218	Allens	WO	od Rd	., [Baltimo	ore.	, Mar	yland	21133
timore,	of Head		20e. Method of Disposition XXX Burial 2 ☐ Cremation	3 □ Removel from	State	20b. Place of cemeter	Dispos y, crem	ition (Name o	place	3)		Date	200	. Location	- City or To	wn, Stete
tim	ment tant:		4 Donetion 5 Other	(Specify)	i Olale	ARBUTI	JS M	IEMORIA	L	PARK		11-18				MARYLAND
B	permit. Peges 1 Department of H Important: If Ite any injury or ot once.		21. Signature of Europeal Service	o Liceophy			22.	Name and Ad	ddres	s of Facility		LIAM				UNITY
	10200		1/1/0	Drouer	-							06 W. !			ENUE	
			23a Party Enter the disease, of shock, or heart failure. Lis	or complications that st only one cause on	ceused each iin	the death. Do r e.	ot ente	r the mode of	dylng	, such es	cardiac	or respiretory	arrest,			Approximate Interval Between Onset and Death
	Physician /Medical		immediate Cause (Final	٨	.11											
	Examiner		disease or condition resulting in death)	a. Acc	Y Th	MIA. Due to (or as a c	onsegu	ience of):				_			- 1	x nours
	D #	iner		- La					-	n for	cho	'n				2 hours 2 days
	and i-trans	Examiner	Sequentially list conditions,	0.	15: 50	Due to (or as a c	onsequ	ence of):	-	nfor	01.0	4.3			i	a dugs
60,	be ey		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	a Coc	ona		ter		14	eate					7	Hears
68760,	certificate be executed adding physician and use es the burial-transit	n/Medical	resulting in death) Last			Due ^s to (or es a c	onsequ	enca of):								V
0		an/N		d												
0	the el	Physicia	Part ii. Other significant condit	lone contributing to d	leath bu	t not resulting in	the und	derlying cause	give	n in Part i.		23b. Dic	d tobac	cco use c	ontribute to	the cause of death?
٥.	requires that the death seen signed by the ette hould be datached for	/ Ph	Diabety me	litus								10	Yes	2□ No	3 Prot	bably 4 Unknown
rds	uid be	ed by	11)									24a. Wa	s an a	utopsy		ere autopsy findings
000		olete	HABEL FELVION									per	formed	17	COI	ellable prior to upletion of cause death?
E E	0 - 0	Completed	Alzheime's	Disease	,							1	Yes	2 No		Yes 20 No
		Be C	25. Wes case referred to medical examiner?	- (a Cad) -						28. Piece	of Death	(Check only				
5	2 00	2	1 ☐ Yes PV No		opatier		patient	3LI DUA	Othe	4LI Nur	sing Ho	me 5 🗆 Res	sidenca	6 Ot	ner (Specify	1)
o N	ding P h. After t funera	Certification:	27. Manner of Death 10 Natural 5 Pend		of Injury		me of jury	28c. i				28d. Describe	how i	njury occu	rred	
Division	Attending ir death. octor: Aftei by the fune	lcat	2 Accident Invest	igation I not be	a of iniu	ry - At home, fer	m etro			es 2 N	-	28f Location	/Strage	t and Num	har or Pura	l Route Number,
2	or Attend after death Director: / d in by the f	erti	4 ☐ Homicide determ	mined 286. Place build	ing, etc.	(Specify)	ni, silet	st, lectory, offi	ICE			City or To			oer or nura	House (40/1109),
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral		29a. Certifier 15 Certifyi	ng Physician: To the	best of	my knowledge,	death o	occurred et the	e time	e, date and	place,	end due to the	e cause	e(s) end m	enner es st	ated.
	the H	edical	(Check only 2 Nedica	t Examtner: On the b and man	BISIS OF	examination and	or inve	stigation, In m	ny opi	inion, deetl	h occurr	ed at the time	, date	and place,	and due to	the cause(s)
	Vith Com	Σ	29b. Signature and title of dertific	er m h				29c. Lic	ense	number			29d.	Date signe	d (Month, I	Day, Year)
			Hall Ham	der 1				AT	21	43	89	46	No	vend	v 13	1996
	()		7.00	who completed ceus	se of de	ath (Item 23a) (-	. 1	0 1		0	1.		rM o	21218
	U	to	31. Date filed (Month, Day, Year	man	Registra	a Signature	- (Incres	rchy	love	اسم	, Dal	Tin	none/	(III)	2/4/A
	Sta Registr	_	NOV 15 1996	Julia Day	don	- Agnature										

	State of Maryland / Department of Health and Me	ental Hygien	e Legible.	34331
	Certificate of Death	Reg. N	lo.	
	1. Decedent's Neme (First, Middle, Last)	2. Dete of Deeth	-	3. Time of Deeth
ysician	Michael Tues Cay la	Month Da	ay Yaar	
ledical			8, 1996	5:45 ar
aminer	4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Loc	ation of Death 4	c. County of Death	
	Greater Baltimore Medical Center Towson		Baltimor	•
eral	5. Social Security Number 6. Sax / 7. Age (In vrs. lest birthday) If Undar 1 Yaer If Undar 24 Hrs.	8. Date of Birth		
ctor	1 ☑ M 2 ☐ F Yrs Months Deys Houra Min.	(Month, Day, Year		pleca (Stete or Foraign
.101	Usuel Residence of Decedant	ct.28, 19	96 _ Mar	yland
	10a. Stete 10b. County 10c. City, Town or Location		1	0d. Inside City Limits
9 5				1 ☐ Yes 2 ☐ No
idical Examiner must be notified at eted by Funeral Director	Chenoun Thenoun fuenoun			1 1 100 2 1110
4 4	10e. Street and Number 10f. Zip Code	10g. C	itizan of What Coun	ılry?
9 2	WKWOWN			
6.2	11. Maritel Stetus 12. Wes Decedent Ever In U.S. 13. Wes Dacedant of Hispanic Origin? (Spec	alfe Van or No.	14. Race - Amaric	an Indian
9 5	Armed Forces? If Yes, specify Cuban, Mexican, Puarto R	lican, etc.)	Bleck, Whita,	
N N	1 Nevar Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Giva 1 ☐ Yes 2 ☐ No Specify:		Specify: 21	
by	3 Wildowed 4 Divorced Yeer or Detes:		Specify. 15L	ack
8 8	15. Decedent's Education 16a. Decedent's Usual Occupation	16b. I	Kind of Businass/Inc	dustry
rt, the Medical	(Specify only highest grade completed) (Give kind of work done during most of working life DO NOT use relief)	g		
E	Elementery/Secondery (0-12) College (1-4or 5+)	N.	Δ	
i o	- ***			
event, the Ma Be Compl		(First, Middle, Meide		
2 2	Micheal T Cox Antion		rthur	
	19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural	Route Number, City	or Town, Stete, Zip	Code) 2/23
S	Antionette Arthur (mother 59 Chape L'Town	CR. Ba	1 do Co	ml.
Other traumatic	20e. Method of Disposition 20b. Place of Disposition (Nema of		Chung To	761 0
5	cemetery, cremetory or other place)	Date 20c. I	Location - City or To	wn, Stata
	4 Donetion 5 Dothar (Spring) Wood Lawn Cemetery	131/96 150	140. Co.,	ma.
any injury	21. Signeture of Fune al Service Licenses 22. Name end Address of Fecility	=1 1639	W. BR	cadway
N G	1 10 10 - Cipmillen PC.			/
	this mile Jett miles	1H Ba	He. MD	1
	23a. Pert1. Exter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or shock, or heart feiture. List only one cause on each line.	_/		Approximete Intervel Between
ian	shock or neer letture. List only one ceuse on eech line.	110-31		Intervel Between Onset end Deeth
ical	Immediate Ceuse (Finel		į	
ner	disaasa or condition resulting in deeth) . Extreme prematurity			43 min
	Due to (or es e consequence of):			1 W 11111
je j				
Examiner	Sequentially list conditions. Due to (or as a consequence of):		1	
ı X	if eny, leading to immediate			
- Ta	cause. Enter UndarlyIng Cause (Disease or injury			
etached for use as the but Physician/Medical	thet initieted events resulting in death) Last Dua to (or as a consequence of):			
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S 18	d			
5 8		1		
XS.	Pert II. Other eignificant conditions contributing to death but not resulting in the undaritying cause given in Part I.	23b. Did tobacc	o use contribute to	the cause of deat
a		. —	2 No 3 Prot	bably 4 Unkno
£ £		1 Yes		
by Ph		1 Yes		
ed by Ph		24a. Wes en eute		ere eulopsy findings
eted by			avi	ailabla prior to mpletion of cause
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Completed by Ph		24a. Wes en eut performed?	co	ailabla prior to mpletion of cause
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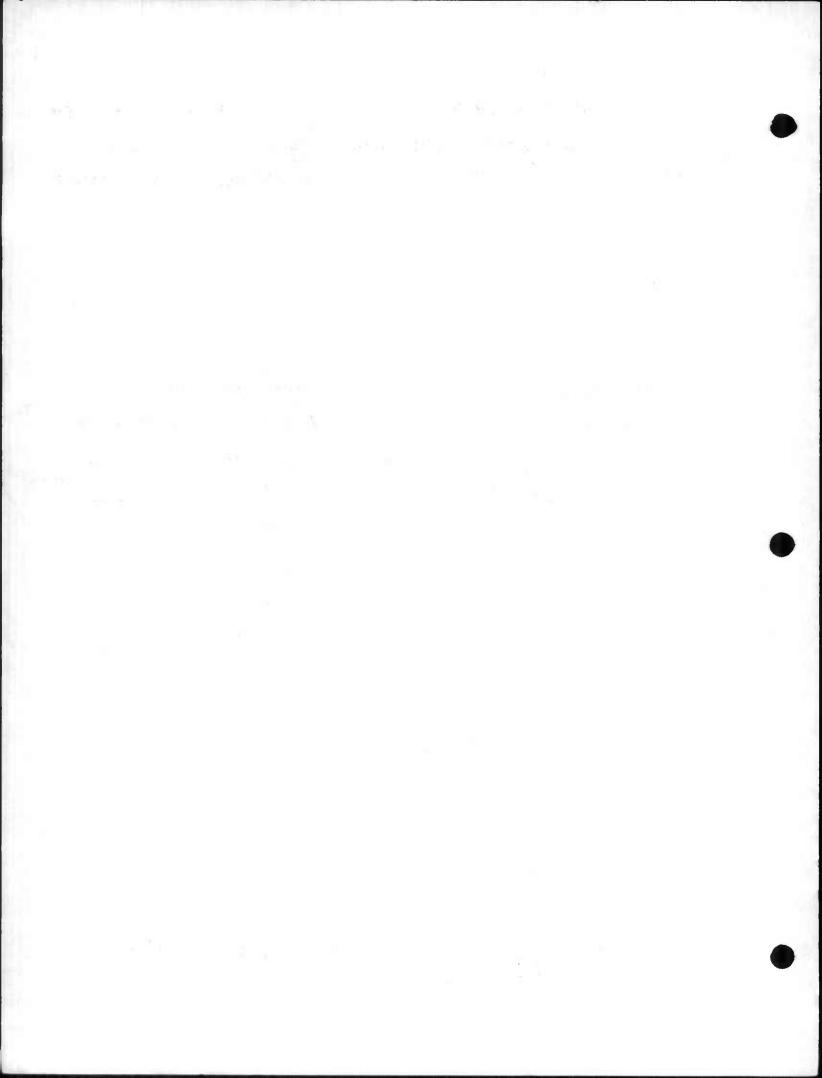
State Registrar

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

31. Date filed Alcoth Day, Year 1996





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

34332

					Cer	titicate of	Death		Reg. No.		
Phys		1. Decedent's Name (First, Middle, ROBER		Co	C 2.	4		2. Date of D Month	Day	Year 1996	3. Time of Death
/Me Exan	dical	4. Franklin Maria (Maria Carlo)				1	4b. City, Town, o				
⊏Xdi	ımer	St. Agnes Ho		,			Baltin			,	
Funer	al		. Sex 7. A	ge (In yrs. las	t birthday)	If Under 1 Year	If Under 24 Hr	s. 8. Date of B		/ a 9. Birthol	lace (State or Foreign try)
Directo		244-20-1019	130334 2□ F	71	Yrs.	Months Days	Hours Mir	n. (Month, D	5,1925		VC
p ,		Usual Residence of Decedent 10a, State 10b, County		140.00							
anyla	_	, and a starting		10c. City, 1	Town or Loc					10	Od. Inaide City Limits
he M	ecto	MD n/a			Balt	imore					1∭Xes 2□No
with	ä	10e. Street end Number	G.1			10f. Zip Code			10g. Citizen of	What Coun	iry?
eath	Funeral Director	632 N. Hilton	12. Was Deceden	t Ever in II S	13 W		2.29 Hispenic Origin? (Charles Vac or N	US.	A ce - America	on Indian
flar d	F	1 Never Married 2 Married	Armed Forces	?	16. If	Yes, specify Cub	oan, Mexican, Pue	orto Rican, etc.)		ck, White,	
Aryland 21215-0020 should be filed within 72 hours aftar death with the Maryland of Mantal Hygiene. marked other than "natural", or items 23a or 28a-f show matic event, the Madical Exteringer must be notified at	à	3 ☐ Widowed 4 ☑ Dworced	1 ☐ Yes 2:☐ If Yes, Give Year or Dates:		1	☐ Yes 又深No	Specify:		Specif	y: B1a	ack
5-0 72 ho	Completed	15. Decedent's (Specify only highest of	Education	1	6e. Deced	ent's Usuel Occu	pation during most of w	n dein a	16b. Kind of B	usiness/Ind	lustry
21215-0020 d within 72 hours aff giene. In than "natural", or the matural or the	npie	Elementary/Secondary (0-12)	College (1-4or	5+)	life. D	O NOT use retire	ed)	orking			
led w		10th			Lab	orer					ompany
	Be	17. Father's Name (First, Middle, La Alonzo Coley	st)					ame (First, Middle	,	ne)	
aryla should and Man	2							ne McQ			
2 8 8 5		19a. Informent's Name/Relationship	er/fiancé				t and Number or F				
1 and 1 and Health em 27		20a. Method of Disposition	or/ rance			ition (Name of	1ton St	Date Date	20c. Location	212	
Pages 1 and nent of Heal Int. If Item 2 Inty or other		1 Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	Removal from State	cem	etery, crem	atory or other pla					
트 트 트 플		21. Sometium of Funeral Service Lic	**	Mt.		Cemet		11/16	Balte)., N	1D
Depar Import	ouce ouce	& James a	Matin		J	ames A	. Morto	n & So	ns Fune	eral	Home
		23 P. P. Enter the disease, or co	mplications that cause	d the death.	Do not ente	701 LA	urens S	st. BAI	to., M		217 Approximate
 Physicia	n I	abook, or heart failure. List on	ly one cause on each I	line.		,					Interval Between Onset and Deeth
/Medica	at 💮	Immediate Ceuse (Final disease or condition		85	PSI	C					1
Examine	r	resulting in deeth)	9	Due to (or as						1	INEEK
D E	iner		LUNG			•	1TH 19 8	9.TD STA	219		ATMON 1
and trens	Examiner	Sequentially list conditions,	D	Due to (or as				21.17.01.11	310 .		1
50, be ex cian		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	C. ——								
OX 68/6U, certificete be executed nding physician and use es the burial-trensit	n/Medical	that initiated events resulting in deeth) Last		Due to (or as	a consequ	enca of):					
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Bath efter	ciar	Dod II Other desiding a secondary									
the cy the	Physicia	Part II. Other eignificent conditions	contributing to death t	out not resultin	g in the und	derlying cause gi	ven in Part I.	4	,		the cause of death?
s that	by P							. 102	Yes 2□ No	3 LI Prob	ably 4 Unknown
VITAL MECOTOS, P.O. 56 Iclan: The law requires that the death certificeta hes been signed by the ette rector, pege 2 should be datached for	8								s an autopsy	24b. Wei	re eutopsy findings
aw re	piet							реп	ormed?	con	ilable prior to apletion of cause leath?
T 0 - 5	Completed							10	Yes 2 No		Yes 2⊠ No
ysician: The scentificata director, peg	Be	25. Was case referred to medical examiner?					26. Place of De	eath (Check only	one)		
<u> </u>	10	1 ☐ Yes 2⊠ No	Hospitai:	ent 2□ER	/Outpatient	3□ DOA Ott	her: 4 Nursing	Home 5 ☐ Res	idenca 8 □Oth	er (Specify,)
ding Ph h. After th funeral		27. Manner of Death 1 ⊠Natural 5 □ Pending	28a. Date of Inju (Month, Da	ury 28	b. Time of Injury	28c. Inju Wo	ry at rk?	28d. Describe	how Injury occur	red	
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pitai ours erai filled		29a. Certifier SCertifyIng P	hustatan. Ta tha bast	at mu la auto	d		22 11 - 11				
To the Hospital or within 24 hours aft To the Funeral Dir completely filled in	edical	(Check only 2 Medical Exa	hysician: To the best miner: On the basis o end manner st	f examination	and/or inve	stigation, in my o	me, dete end plec opinion, death occ	e, end due to the urred at the time,	date and placa,	anner as ste and due to	ited. the cause(s)
ro the Nithin Fo the	Me	29b. Signature and title of certifier				29c. Licens	se number		29d. Dete signe	d (Month, D	Pay, Year)
. ,,,,		1 700		Par I		PO	8219	`	Nov	12.	1996
1		30. Name and address of person who	completed cause of c	deeth (Item 23	a) (Type, P	rint)					-
		DR.K. YZNKATE	RAMMO	S7 . A	GNZ	s H05), 900C	ANON 4	NE. BI	. R	1.21229
	tate	31. Date filed (Month, Day, Year)		er's Signature							
Regis	trar	NOV 15 1996	y many many don	- Marien	-60						

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	Physic		Decedent's Nama (First, Middla, Las Pauline Cou	,	rk			2. Date of Dea Month		Year	Tima of Deeth
	/Medi Exami		4a. Fecllity Nama (If not institution, giva Genesis Hea				4b. City, Town, or Severna	Location of Deeth	4c. County		el
	Funeral Director	1	5. Social Security Number 212-38-3206 6. Se		last birthde	Months Day	er If Undar 24 Hrs	8. Deta of Birth	Year)		(State or Foreign
	/aryland f ahow	ō	Usuel Rasidance of Decedant 10a. Stata 10b. County MD Anne Ar		ty, Town or	Location Sville					nsida City Limits
	3a or 28a-	i Director	10e. Street end Number 985 Round Bay R	Road		10f. Zip Cod 21032			0g. Citizan of V USA		
020	within 72 hours eftar death with the Maryland ene. then "natural", or items 23s or 28s-f show the Medical Exercitor must be notified at	by Funeral	11. Maritel Stetus 1 Navar Married 2 Married 3 Wildowed 4 Divorced	12. Wes Decedent Evar in U Armed Forces? 1 Yas 2 No If Yas, Giva Yeer or Detes:	J,S. 1	3. Was Decedant of If Yas, specify C	of Hispanlc Origin? (Suban, Maxican, Puar No <i>Specify</i> :	Specify Yes or No- to Rican, etc.)	Blac	e - Amarican Ir ck, White, etc. White	ndian,
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/land	tal Hyg d other	To Be Co	17. Fathar's Name (First, Middla, Last) Frank Counselma	ın	I		18. Mother's Na ROS	ma (First, Middle, e e Belle	Maiden Sumam EMbre	A A	
	47		19a Informant's Neme/Ralationship (T) Diane Grainger	ype, Print)			eet and Number or A Bay Road				
Baltimore,	permit. Pages 1 an Department of Heal important: if itam 2 any injury or other once.		20e. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Othar (Specify,	Ramoval from State	cemetery, c	sposition (Nama of ramatory or other) CO Natio	placa) onal Cem		20c. Location - Quanti	1.5	_{Stete} irginia
Balt	Depart import any inj		21. Signature of Funeral Service/Licens	T all			dress of Fecility y Funera ely Ave.			4D 21	401
	Physician		23a. Part1. Enter tha disaasa, or comp shock, or heert failura. List only o		th. Do not	entar tha moda of	dylng, such es cardia	c or raspiratory arr	ast,		proximata rval Between sat and Death
	/Medical Examiner		immedleta Causa (Final diseasa or condition resulting in death)	a. CEREA		sequanca of):	EMORRA	1AG€		12	HOURS
	and -transit	Examiner	Sequentially list conditions,	b. HYPERT Dua to (saquance of):				2	KARS
x 68760,	certificete be executed nding physician and use as the burial-transit	dicai	Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	cDua to (d	or as a cons	equance of):					
P.O. Box	v requires that the death ceriffic been signed by the ettending I should be datached for use as	Physician/Me	Part II. Other significant conditions co	-	-	undarlying causa	given in Pert I.	23b. Did to			cause of death?
ecords,	9 0 N	Completed by	POLYNEUR					24a. Was a perform		avellebl	utopsy findings a prior to tion of causa 1?
Vital Record	The ata h	Be Com	25. Wes casa referred to medical examinar?				26. Place of De	1 ☐ Y	as 2 No	1 □ Yas	s 2 No
é	Physician: this certific ral director,	L _o	1 Yas 2 No	fospital: 1 Inpatiant 2	ER/Outpat	ient 3□ DOA	Othar: 4 Nursing I	Home 5 ☐ Raside	ance 8 DOth	ar (Specity)	
sion o	tending P teath. tor: After the	1 Profetural 5 Pending (Month, Day Year) Injury Work? 2 Accident Invastigation M 1 Year 2 No							ow Injury occur	red	
N N	2 2 2	i Certifi	4 Homicida datarminad	28a. Place of injury - At h building, atc. (Special	(y)			28f. Location (Si City or Town	n, State)		
-	within August Dir To in Funeral Dir completaly filled in	Medical	one) 2 Medicai Exami	ner: On the bast of my kno ner: On the basis of axamine and mannar stated.	wladga, da stion end/or	Invastigation, in m	y opinion, death occi	urred at tha tima, d	ata and placa,	and due to tha	causa(s)
	To To To		29b. Signature and title of certifiar	P ATTONI	1176		21776		9d. Deta signed		
	Y		30. Name end addrass of person who co	ompleted causa of daath (Itar RA MD 26	n 23a) (Typ	e, Print) AST PA	21776 7APSCO	A B	HTIN	iors 2	21252
	Sta	te	31. Data filed (Month, Day, Yaar)	32. Registrar's Signi	atura						

DHMH 16 Rev 6/95

State Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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	_					Cel	uncai	e oi	Death			Reg. No.		
Physicia	an	Decedent's Name (First, Min	ddle, Last)		au Th						2. Date of De Month	_	Year	3. Time of Death
/Medic		Mary	tion ship other	at a m of m	CHIR	LCO		1-	4h Oh, Ta			er 13,		7:40 am
Examin	er	4a. Facility Name (If not institu Franklin Squa							Ross		ocation of Deeth Le		y of Death imore	
Funeral Director		5. Social Security Number 212-07-8297	6. Sex 1 ☐ M		Age (In yrs. la:		if Under Months	r 1 Year Days	if Under Hours	24 Hrs. Min.	8. Date of Bird (Month, Da Jan. 3,	1913	9. Birthp Cour Dela	place (State or Foreign etry) aware
ingo within 7.2 hours after death with the Maryland Hygiena. ther then "natural", or items 23a or 28a-f show brt, the Medical Examiner must be notified at		Usual Rasidence of Decedent 10e. State 10b. Cour	ah.		10a City	Toursele								
jiana. Than "natural", or Items 23a or 28a-f show The Medical Examinet must be notified at	Funeral Director		ltimore		Toc. City,	Town or Lo	cation	Ι)unda1	.k			1	0d. Inside City Limits 1 ☐ Yes 2 No
or 28	Oire	10e. Street end Number					10f. Zip	Code				10g. Citizen of		ntry?
23a	rail	1730 Manor Ro	oad						2122	22		Ţ	USA	
Herm Per II	nue	11. Marital Status	, A	Armed Force		13.1	Wes Deced	dent of I cify Cub	lispenic Orl an, Mexicer	igin? (Sp n, Puerto	pecify Yes or No Rican, etc.)	- 14. Re Bla	ce - Americ	
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natu	etec	15. Deced (Specify only high	ent's Educetion	n npleted)		16a. Deced	lent's Usua kind of wo	al Occup	oation during mos	t of work	(ina	16b. Kind of B	Business/Ind	dustry
ther than ent, the Me	Completed	Elamantary/Sacondary (0-12		Collaga (1-4	or 5+)	life. L	count	se retire	d)		9	State	of M	aryland
D o	To Be C	17. Father's Name (First, Middle	le, Last) Dle								e (First, Middle, Patrick		me)	
7 is me traume		19a. Informant's Name/Relation Harry Donnell	1 . 21						and Number		BelAir	or, City or Town Md. 2		Coda)
nt: If Item 2		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		val from Sta	cen	ce of Disponerery, cren	natory or o	ther pla	ce) etery	11/	Date 15/96	20c. Location Balt:	- City or To	
Important: If Ite any Injury or of once.		21. Signature of Funeral Service	ce Licensee	1	. 11,	(conne	11y		al I	Home of		_	
		23a. Part1. Enter the disease, shock, or haart failure. L	or complication	ns that cau	sed the degree	To not ente	or the mod	ace le of dyir	AVE.	Bal1 cardiec	timore Nor respiratory ar	1d • 2122 rest,	1	Approximate
sician		SHOCK, OF HEART RETURN. L	ist play one on	use on eac	ri sing								i	Interval Between Onset and Death
edical miner		Immediate Ceuse (Final disease or condition		Sepsis										6 Days
		resulting in death)	a	chore	Due to (or a	is e conseq	uence of):							Days
sit	ine		b	spira	tion Pr	neumor	nia							
urial-tran	i Examiner	Sequentially list conditions, if any, leading to immediata ceuse. Entar Underlying Causa (Disease or injury		Recurr	Due to (or a		,	t Ir	nfecti	.on				
nding physician and use es the burial-transit	n/Medical	that initieted events rasulting in death) Last			Due to (or a	s a consequ	uence of):							140
	an		d				-							
thed f	Physicia	Part ii. Other significant condi	tione contribu	ting to deati	h but not resulti	ng in the un	derlying c	euse giv	en in Part I		23b. Did t	obacco use co	ontributa to	the cause of death?
	by Ph	Coronary Art	ery Dis	sease							10	Yes 2⊠ No	3 Prot	pably 4□Unknow
hould	Completed	Congestive H	eart Fa	ilure	2							an autopsy med?	COL	ere autopsy findings ailable prior to appletion of cause death?
egec 9	E	Cerebrovascu	lar Acc	ident							1 🗆 Y	es 2 No	10	Yes 2□ No
		25. Was cesa referred to medic axaminer?	al						26. Place	of Deat	h (Check only o	ne)		
ral dire	0	1 ☐ Yas 2 🖾 No	Hospit	al: 1 🖾 Inpa	atient 2 EF	VOutpatien	3□ DO	Oth Oth	ier: 4 🗆 Nu	rsing Ho	ome 5 Resid	lance 6 Oth	ner (Specify)
= 00		27. Manner of Death 1 ⊠Natural 5 □ Pano 2 □ Accidant inves	ding stigation	a. Date of i (Month,	njury 28 Day Year)	Bb. Time of Injury	M 2	8c. Injur Wor 1 🗆	yat k? Yes 2 □ l		28d. Describe h	ow Injury occur	rred	
od in by t	Certification:	3 ☐ Suicide 6 ☐ Coul 4 ☐ Homicida date	d not be rmined 28	e. Place of building,	Injury - At home atc. (Specify)	a, farm, stre	et, factory	, office			28f. Location (S City or Tow		ber or Rura	l Route Number,
	edical	29a. Certifiar (Check only one) 1 ☐ Certify 2 ☐ Medica	i Examinar: (: To the be On the basis	of examinetion	dga, daath and/or inv	occurred a estigation,	at the tin	ne, data an pinlon, daa	d place, th occurr	and dua to tha cred at the time, c	cause(s) and madata and place,	anner as st and due to	ated. the ceuse(s)
To the Funeral Directory completely filled in b	-	29b. Signature end title of cartif						. Licens	e number			29d. Date signe	d (Month, I	Dey, Year)
		> KOTTHE	ATHI	2 1	ANI CHI	S Jul.	1~	D48	3206			Novem	ber 1	3, 1996
K		30. Nama and address of perso	n who comple	ted ceuse o	f death (Item 2	3a) (Type, f	Print)					7 2 1		
		Thomas Kotta	rathil	M.D.	6707	Maple	e Lea	f Co	ourt,	T-1	Baltin	nore, M	D 21.	209
State	e r	NOV 15 1996	1) delia	AS2. Pegi	stral sign tur	2								

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State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate o	f Death		Reg. No.		
			1. Decedent's Neme (First, Middla, La	ast)				2. Dete of De			3. Time of Death
	Physic /Medi		CALVIN E	LLIS				Novem	bea 17	TOP L	6.30 P.M
)-	Exami		4a. Fecility Nama (If not institution, gir	ve straat end number)			4b. City, Town, or	Location of Deat			
	-		Northwest Hosp	ital Center			Randall	lstown	Balti	more (County
	Funeral Director			Sex 7. Aga (In) 11, M 2□ F 88	vrs. last birthday) Yrs.	If Under 1 Yes			th by, Year) 1908	9. Birthpied Country Mary	ca (Steta or Foreign v) Land
	land ow		10a. Steta 10b. County	10c.	City, Town or Loc	cation				10d	I. inside City Limits
	Me.	ţō	MD Carrol	l County	Sykesvi	۵۱۵					1 ☐ Yas 2√2 No
	1 the	Director	10e. Street end Number	- 0011.07	Officera	10f. Zip Code)		10g. Citizen of V	What Country	P
	3a o	ië D	2626 Arthur Ave	nue			21784			U.S.A	Δ
	deep deep	Funeral	11. Maritai Status	12. Wes Decedent Ever in Armed Forces?	n U,S. 13. V	Vas Dacedent o	f Hispanic Origin? (uben, Maxican, Pua	Specify Yes or No		e - Amarican	Indian,
020	ours efter al', or its	by	1 ☐ Navar Married 2 ※ Married 3 ☐ Widowed 4 ☐ Divorced	1 As 2 No If Yas, Give Year or Detes:		Yes 2XN		no moan, arc.)	Specify	ck, White, etc v: Whi	
21215-0020	be filed within 72 hours efter deeth with the Menyland that Hyglene. od other than "natural", or flems 23a or 28a-f show event, tra Medical Examiner must be notified at	Completed	15. Decedent's Eigenentary/Secondery (0-12)		(Give I life. D	OO NOT use reti	ne during most of wo red)	orking	16b. Kind of Bu		
	Hygle ther ther ther ther		17. Fether's Neme (First, Middla, Lasi	M	P	olice C		ema (First, Middle,			ity Police
Maryland	should be filed withind Mental Hyglene. marked other than	Be	1112 Sept. 10 11 11 11 11 11	Elli	_						
2	s 1 end 2 should be f f Heelth end Mental is tem 27 is marked of other traumatic eve	10	August 19e. Informent's Neme/Reletionship			a Addrose (Stra	et end Number or F	rances	Filling		anda)
Ma	C 0 0 0		Mrs. Mildred F.			•	Avenue Sy				000)
ē,	of Heelth Item 27 other tr		20e. Method of Disposition		b. Plece of Dispos	sition (Neme of		Dete	20c. Location -		n, State
9	Peges nent of i mt: If ite		1 N Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Speci		orraine	etory or other p		1/16/96	Baltim	ore N	MD.
Baltimore,	구두루루		21. Signeture of Funerel Sarvice Lice			Name and Add		1710750	Darcin	ore, r	
ä	Deper Impor any fr		Resign La	Hast			FUNERAL H				ox 195)
┕	æ		23a. Pert1. Entar tha disaase, or com shock, or heert feilure. List only	plications that caused the d	eath. Do not ente	Sykesvi or the mode of d	lle, MD 2 lying, such es cardie	21784 (41 ec or respiretory e	10)-795- rrest,	1400	Approximete
	Physician /Medicai Examiner	Examiner	Immediata Cause (Final disease or condition resulting in death)	b	o (or as e conseq	uenca of):	1 JNEGA	TIVE) INGUM	BUE	2 WEE
Ć,	exect n and iel-tra	Еха	Sequentially list conditions, if eny, leading to immadiete	Due	o (or es e consequ	uenca ot):					
Box 68760,	requires that the death certificate be executed seen signed by the ettending physician and thould be deteched for use as the burlet-transit	/Medical	cause. Enter Underlying Ceuse (Diseese or injury thet Initiated evants resulting in deeth) Lest	d.	o (or as a consequ	uenca of):					
	deat de ett	sich	Pert II. Other significant conditions	contributing to death but not	resulting In the un	derlying cause	given In Pert i.	23b. Did	tobacco usa co	ntribute to t	he cause of death?
, P.O	es that the de igned by the e	y Physician	ANEMIA	47				1 🗆	Yes 2□No	3 Probe	bly 4 Unknown
of Vital Records,	¥ 25 €	Completed by							en eutopsy ormed?	evaile	e eutopsy findings eble prior to pletion of cause eath?
æ	0 - 0	E O						10	Yes 2 No	101	Yas 2□No
ta	lan: Th rtificate stor, pag	Bec	25. Wes case referred to medical				26. Place of De	eth (Check only	one)	1	
<u></u>	Physician: this certific ral director,	10	exeminer? 1 ☐ Yas 2 ☑ No	Hospitel:	ER/Outpetient	3□ DOA	Other: 4 Nursing	Homa 5 ☐ Resi	denca 6 □Oth	er (Specify)	
	A Ph		27. Menner of Deeth 1 Netural 5 □ Pending	26a. Dete of Injury (Month, Day Year	28b. Time of Injury	28c. In	jury et /ork?	28d. Describe	how injury occur	red	
Sio	1000	cati	2 ☐ Accident invastigation			M 1	☐ Yas 2 ☐ No				
Division	Direct	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - A building, etc. (Sp.	at home, ferm, stre ecify)	et, fectory, offic	20	28f. Location (City or To	Street and Numb wn, Stete)	er or Rural F	Poute Number,
-	n 24 hou n 24 hou ne Fu	edicai	29e. Certifier (Check only one) 15t Certifying Pt 2 Medical Example 15th Certifying Pt 2 Medical Example 15th Certifying Pt 2 Medical Example 15th Certifier Pt 2 Medical Exam	nysician: To the best of my minar: On the besis of exemend manner steted.	knowledge, deeth ination and/or inv	occurred et the estigation, in my	time, dete end pled y opinion, deeth occ	ea, end due to the curred et the time,	cause(s) and me dete end piece,	end due to the	ed. ne ceuse(s)
	vithin 2 To the	Σ	29b. Signature and title of cartifier	20 21		29c. Lice	nse number		29d. Data signe		ly, Year)
	16		30 Name and Allerton of account	William.	tem 220\ /T	D D	41410		Novemb	a 12	, 1996.
)		30. Name and address of person who Dr. G.P. Mehles	MD.5401 Old C	ourt Ros	nd Randa	llstown	MD 21123	2		
				OIG C		w runiuo	TTO COMIT	THE 4113	<i></i>		

32. Registrer's Signeture

DHMH 16 Rev 6/95

State Registrar

31. Dete filed (Month, Dey, Year) NOV 1 5 1996

graph and the second

of Maryland / Department of Health and Mei	ntal Hygiene	96	34336
Certificate of Death	Reg. No.		

Physician /Medical Examiner

3. Time of Death

Funeral

Director

the Marylend 28a-f show traumatic event, the Medical Examiner must be notified at ŏ death with items 23a

258 1 and 2 should be filed within 72 hours after on the lith and Mentel Hygiene.
If them 27 is marked other than "natural", or flee Important of Health a Important if them 27 is any injury or other trausonce.

ore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed

Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,

physician and s the burial-transit for use es signed by the a should s certificate has t director, page 2 s director. this funerai After i efter death. I Director: Aff of in by the fu filled 24 hours To the Hosp within 24 ho To the Fune completely fi

Completed Be 0 Examiner Physician/Medical þ Completed Be Certification: To 27. Manper of Daath Natural 2 Accidant 3 Suicida 4 - Homicide 29a. Cartifian Medicai

1. Dacedant's Nama (First, Middla, Last) FREDERICK 4a. Fecility Nama (If not institution, giva straat and number) 218 Gateswood Rd. 5. Social Sacurity Number 1⊠M 2□F 215-16-1446 Usual Residence of Decedant 10a. State 10b. County Director Baltimore 10e. Street and Number 218 Gateswood Rd. Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ②No If Yas, Giva Yaar or Datas: 1 Never Married 2 Married by 3 Widowed 4 Divorced 15. Decedant's Education (Specify only highest grada completed) Elementary/Secondery (0-12) College (1-4or 5+) 17. Fethar's Nama (First, Middla, Last) Frederick E. 19a. Informant's Name/Ralationship (Type, Print) Mrs. Laura H. Fusting/wife 20a. Method of Disposition 1 ABurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses RORSE Immediate Cause (Final disease or condition resulting in death) Sequantielly list conditions, if any, laading to Immadiata ceusa. Enter Underlying Cause (Disaasa or Injury that initiated avents rasulting in daath) Last

2. Data of Daeth 13, 1996 Month FUSTING, Jr. November 8:00 AM 4b. City, Town, or Location of Deeth 4c. County of Death Timonium Baltimore | If Under 1 Year | If Under 24 Hrs. | S. Data of Birth (Month, Day, Year) | Nov. 5, 1920 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) Yrs 76 Md. 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Timonium 10f. Zip Coda 10g. Citizen of Whet Country? 21093 USA Was Decedant of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Ricen, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ No Specify: Specify: White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Broker Insurance 18. Mothar's Name (First, Middla, Maidan Surnama) Fusting Marie Hammond 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 218 Gateswood Rd. Timonium, Md. 21093 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata 11/16/96 New Cathedral Cemetery Baltimore, Md. 22. Nama and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23s. Part1. Enter the disease, or complications that ceused the daeth. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Dua to (or as a consequence of).

Due to (or as a consequence of):

Dua to (or es e consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

1 Yas 2 No

24b. Wara autopsy findings available prior to complation of ceuse of death? 1 □ Yas 2 □ No

25. Wes case rafarred to medical 1 Yas 2 No

5 Pending

Investigation

6 Could not be datarminad

Hospital: 28a. Date of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28b. Tima of

28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Spacify)

28c. Injury et Work?

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28d. Describe how injury occurred

26. Piece of Death (Check only ona)

(Check only one)

t 🗹 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, and dua to tha ceusa(s) and mannar as stated. Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the causa(s) and mennar stated.

29b. Signeture

29c. Licansa number

1 ☐ Yas 2 ☐ No

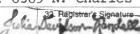
29d. Date gigned (Moath, Day, Year)

28f. Location (Streat and Number or Rurel Route Number, City or Town, Stata)

30. Nema end addrass of person who completed ceuse of death (Itam 23a) (Type, Print)

Ruth Kantor M.D. 6569 N. Charles St. Towson, Md. 21204

31. Data filad (Month, Day, Year) State NOV 15 1996 Registrar

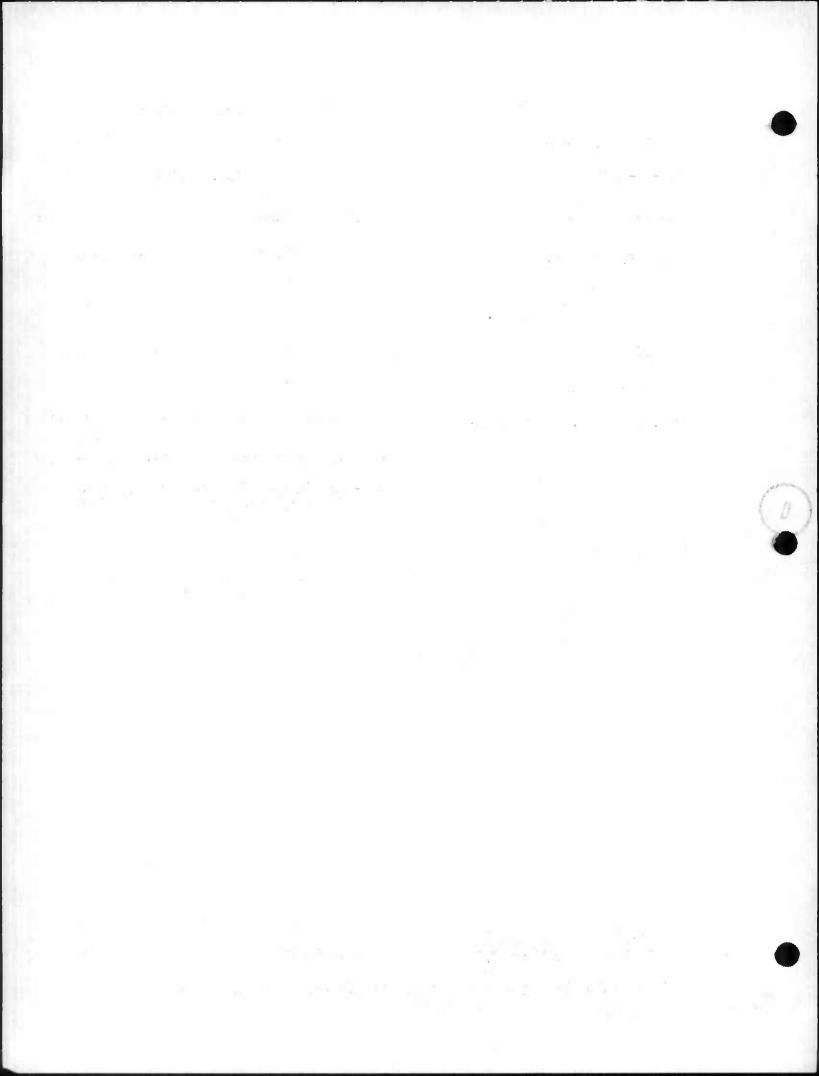


Arija Versan T. Australia

State of Maryland / Department of Health and Mental Hygiene

34337

					Cei	rtificat	e of	Death		R	eg. No.			
Physici /Medic		Decedent's Name (First, Middle, L.		Fennell					2. Date of Dee Month Novembe	th Dey	Yeer 996	3. Time of Deeth 4:00 AM		
Examin		4e. Fecility Neme (If not institution, g 7612 Poplar Ave		4b. City, Town, or L Dundal						4c. County	nore			
Funeral Director		212-01-5223	1771 M OF F	ge (In yrs. last bi	irthday) Yrs.	If Under Months	1 Year Deys		4 Hrs. Min.	8. Date of Birth (Month, Day Aug. 1	, Year)	9. Birthp Coul VV	olece (State or Foreignty) Lginia	
Marylend H show	tor	Usual Residence of Decedent 10a. State 10b. County Maryland Bal	timore	10c. City, Tov	vn or Lo	cation		Du	ındal	lk		1	0d. Inside City Limit	
3a or 28	Il Director	10e. Street end Number 7612 Poplar Ave.	AU 0			10f. Zip	Code	21	224	1	Og. Citizen of			
tiges I and a should be filled within 72 hours after death with the Marylend it of Health and Mentle Hygiene. It of Health and Mentle Hygiene. If them 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examination and inclined at	by Funeral	11. Marital Status 1 Never Merried 20 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	,		Was Deced f Yes, special		Hispenic Orig en, Mexican,		cify Yes or No- Rican, etc.)	14. Ra	ce - Americ ck, White,	en Indien, etc.	
n "natur	Completed	15. Decedent's l (Specify only highest g	rade completed)		(Give	lent's Usu kind of wo	rk done	dunina most	of workin	ng	16b. Kind of B	usiness/in	dustry	
tel Hygiene. d other than	Be	Elementery/Secondary (0-12) 8 Years 17. Fether's Name (First, Middle, Les		5+)	Ма	ichin	ist			(First, Middle, I			dustry	
end Men Is marked aumatic	To	Benjamin Fennel 19a. Informent's Name/Relationship		19	b. Meilin	na Address	(Stree			he Hite A Route Number	r. City or Town	State Zir	Code	
ealth ei n 27 Is ner trau		Mrs. Dorthy B. F		e	7612	Pop.	lar			altimor			21224	
Department of Health e Important: If Item 27 Is any injury or other tra once.		20e. Method of Disposition 1 Description Surial 2 Cremation 3 Donetion 5 Other (Special Control of	ity)		awn	Ceme	teri teri	1 11/1			20c. Location Baltin		own, Stete Maryland	
Depart Import any in once.		21. Signature of Funeyal Selvice Lion	D		1	Duda-	Ruci	ess of Fecility E Fune E Ave.	ral 1	Home of ndalk,	Dundal Marylar	ck, I	nc. 1222	
hysician /Medical xaminer	ner	Immediate Cause (Final disease or condition resulting in deeth)	· Mefa	Due to (or es e	C	u	rop	e g	Ele	D	rg		Interval Between Onset end Deeth	
ettending physician end for use es the buriel-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest	c	Due to (or es e										
ending p	2		d									1		
ate has been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.								23b. Did tobacco use contributs to the causs of death 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown				
s been signed by the ettend 2 should be deteched for us	Completed by									24e. Wes e		ev	ere eutopsy findings alleble prior to mpletion of cause deeth?	
certificate hes rector, page 2	Com									1 🗆 Ye	s 2 No		Yes 20 No	
certificate irector, pag	o Be	25. Wes cese referred to medicel examiner? 1 ☐ Yes 2 ☑ No	Hospitel:				. Ot	hor:		(Check only on				
= 0	- 1	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigetic	28e. Dete of Inju		utpetien Time of Injury		8c. Inju Wo	4 LI Nurs	2	ing Home 5 ☑ Aesidence 6 ☐ Other (Specify) 28d. Describe how Injury occurred				
s efter des I Director I In by th	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street, fectory) 28f									reet and Number or Rural Route Number, n, State)			
	edicai C	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	nysicisn: To the best of miner: On the besis of end menner sta	examinetion er	e, deeth id/or inv	occurred estigetion	et the ti	me, dete end opinion, death	plece, ai	nd due to the co	euse(s) end me ete end piece,	enner es s end due to	leted. the cause(s)	
To th comp	Me	290. Signature and title of certifier	Wal,	11				se number		2	9d. Date signe			
Stat Registra	te	30. Name and address of person who Dr. Paul Valle Ea: 31. Dete filed (Month, Day, Year) NOV 15 1996	st Pt. Med		r.	Print)		ce, Mar	cylar	nd 212	22			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 4c, PER F'.H. F'ILM 6-741

State of Manyland / Department of Health and Mantal Hygiens O. C. State of Maryland / Department of Health and Mental Hygiene Q 6 31, 338

11/15/	96 t.t			,,,,,,,,,	Cen	ificate	of Death		Reg. No.	0	14330			
Physician /Medical	1. Decedent's Nam	e (First, Middle, Las	EN FA	dr.				2. Dete of De Month		Yeer PF 6	3. Time of Death			
Examiner			street end number)					or Locetion of Dee	th 4c. County	4c. County of Death				
	ST. AGNES HOSPITAL						BALTIV			ALTIMORE				
Funeral Director	5. Sociel Security N 2 1 2 - 0 9 -		ex 7. Ag ՃM 2□F	ge (In yrs. le: 91	st birthday) Yrs.	If Under 1 Months	Yeer If Under 24 H Days Hours Mi	rs. 8. Dete of Bi Month, D 10/0	rth 3 /1905	9. Birthplece (State or Foreign MD.				
	Usuel Residence of					-								
r 28a-f show	10a. State	10b. County			Town or Loca					10d. Inside City Limits				
octo	MD.		imore	С	atons	ATTT	е				1 ☐ Yes 2 ☒ No			
吉	10e. Street end Nur					10f. Zip C	ode		10g. Citizen of	Whet Count	try?			
<u>a</u>	715 Mai	den Cho	ice Lane				228			S.A.				
by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wes Deced Armed Force 1 Yes 2 If Yes, Give Yeer or Det						nt of Hispanic Origin? Cuben, Mexican, Puo XNo Specify:	(Specify Yes or Ne erto Ricen, etc.)		ce-America ck, White, e y:Whit	etc.			
ig g	(Spec	15. Decedent's Education (Specify only highest grede completed)				nt's Usuel (Occupation	and to a	16b. Kind of B	usiness/ind	ustry			
Completed	Elementery/Seco		College (1-4or 5	5+)			done during most of w retired)	rorking						
5			2 yrs		Owner	/Jew	eler		Jewel	ry St	core			
Be	17. Father's Neme							ame (First, Middle		ne)				
2							Lula	Eckel	5					
To Be Comp		ame/Relationship (7					Street end Number or			Stete, Zip	Code)			
	Grace Bryant Faid/ Wife 715 Maiden Choice LN. P.V. 321 Balto., MD 21228													
no so con	20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Loudon Park Maus. 20c. Location - City or Town, State 1 1/16/96 Baltimore, MD.													
any inj	> Plut	neral Service Licens	Touls	22. Name end Address of Fecility Sterling Ashton Funeral Home, 1 736 Edmondson Ave. Baltimore, M										
cian	23e. Part1. Enter the shock, or heel	he diseese, or comp rt failure. List only o	licetions that caused one ceuse on eech lir	cetions that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, e cause on each line. Approximately a such as cerdiac or respiretory errest, e cause on each line. Approximately a such as cerdiac or respiretory errest, e cause on each line.										
cal ner	Immediete Ceuse (disease or condition resulting in deeth)		θ		KAL 7						Howk			
Examiner			b	HOCA	RE A	ence of):	FACTION			3 Hours				
xan	Sequentially list cor if eny, leeding to im cause. Enter Under Ceuse (Disease or	nditions, imediate			s e conseque					E VENIC				
	Ceuse (Diseese or thet initieted events	riying Injury	G	CONCESTIVE HEART FAILURE 5 YEAR										
e es the buriel-transit Medical Examir	resulting in death) L	est		Due to (or e	s e conseque	ence of):								
eteched for use Physician/A	Pert II Other signifi		d	ut not reculti	ing in the und	larlying caus	eo civon in Port I	22h Did	tohanna usa na	ntelbute to	the cause of doubt			
by Physic											1/			
should						performed? eveileble					re eutopsy findings ileble prior to opletion of ceuse eeth?			
					1 □ Yes 2 No 1 □ Yes 2 □									
Be (25. Wes case referr examiner?		Hospital: "					eeth (Check only	one)					
10 P	1 Yes 2 1	140	Hospitel: 1 Inpatie		NOutpetient	3□ DOA		Home 5 ☐ Resi)			
In by the funeral ertification:	27. Manner of Death 1 Naturel 2 Accident	5 Pending investigation	28a. Date of Injur (Month, De)	Y Year) 28	8b. Tlme of Injury									
d In by the funera certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Place of Injubuilding, etc	ury - At home (Specify)	1e, ferm, street, fectory, office 28f. Location (Street end Number or Rural Route Number City or Town, Stete)									

29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) P09885 NOV 1996

MEDICAL RESIDENT

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) HOSPITAL GOO CATON AVENUE, BAL MID 21229 ST. AGNES SETH OSAFO

31. Dete filed (Month, Dey, Year) State Registrar

32. Registrar's Signature

the same of the sa And Present and Tall 1995 Far to leave the many for each floor end The second secon

State of Maryland / Department of Health and Mental Hygiene 34339 ITEM# 23b&23c&28e PER PHYSICIAN FILM#G741 11-12-96J.A Certificate of Death 1. Decedent's Nama (First, Middle Last) 2. Date of Death 3. Time of Death **Physician** overs 9:45 AM November hyllis 3 1996 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ltimore lar 600 Hospita If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Yeer) if Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (Stata or Foraign Country) **Funerai** 1 □ M 2 🖫 F Months Days Teb. 15, 1953 216-58-4406 Usual Residence of Decedent Yrs. Director 10a Stata 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits Examiner must be notified at Director 1 Yes 2 No MD Anne Arundel 10e. Street and Number 10g. Citizen of What Country? 5 232 USA Ave items 23a 21225 Funeral 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indian, should be filed within 72 hours after ond Mental Hygiena. merked other than "neturel", or itel umetic event, the Medical Examinal Black, Whita, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 HO Specify: by Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 121 Mother's Nama (First, Middla, Maiden Sumama) pecialist 18. Mother's Nama (Fin computer traumatic event. 17. Father's Name (First, Middle, Last) Be Pages 1 end 2 should be 1 nent of Health end Mental I 20 Black 10 ictoria 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) .00 or other tra Husband and 232 Zepplin

20b. Place of Disposition (Name of cemetery, crematory or other place) Houston Balto, MD 21225 20a. Method of Disposition

1 ⊠ Burial 2 □ Cremation 3 □ Removal from State 20c. Location - City or Town, State Date permit. Page Depertment of Important: If ony injury or Arbutus Memorial 4 ☐ Donation 5 ☐ Othar (Specify) 8 tark 22. Name and Address of Facility 21. Signature of Funeral Service Licensae 1-tome Sons Funeral 3 Shi Morles Balto. 1701 Laurens 21217 23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final 30 mins disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner SYSTEMIC LUPUS ENYTHEMATOSIS the buriel-transit The lew requires that the deeth certificata be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. HYPERTENSION Physician/Medical Dua to (or as a consequence of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributs to the cause of death? 1 Yes 2 No signed by 3 Probably 4 Unknown Division of Vital Records, þ 2 Completed 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy 2 No 2 2 No this certificate 1 Yes 1 Yes or Attending Physician: 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 10 NZ Yes 2 No 1 ☐ Inpatient 2 ► ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of injury 28c. Injury et Work? 28d. Describe how injury occurred After 1 Matural 5 Pending investigation s efter daath. 1 Tes 2 No 2 Accident filled in by the 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours eff To the Funerel DI completely filled in to Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name end address of person of death (Item 23a) (Type, Print) Flen Burie TRINS 31. Date filed (Month, Day, Year) 32 Pegistrar's Signature State NOV 15 1996 Registrar



ITEM: 29d, PER DR. FILM G-741 State of Maryland / Department of Health and Mental Hygiene

34340

11/15/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Day **Physician** Month Veer JEFFREY K. FOSTER NOVEMBER 6,1996 5:15 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 9. Birthplace (State or Foreign Days 1⊠M 2□ F Yrs. Director 39 212-80-9357 APRIL 8,1957 MARYLAND Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director 1X Yes 2 □ No MARYLAND N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 730 N. LINWOOD AVENUE S. 21205 A. II. 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 ☑ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry other than " Elementery/Secondery (0-12) College (1-4or 5+) 9th GRADE LABORER i. Peges 1 end 2 should be filed w tment of Health end Mentel Hygie tant: If Item 27 Is marked other ti jury or other traumatic evant, In WAREHOUSE Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be JAMES P. FOSTER III NORMA BRUNNER 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2: Depertment of Health el Important: if Item 27 is any injury or other trac 730 N. LINWOOD AVENUE, BALTIMORE, MARYLAND 21205 NORMA FOSTER (MOTHER) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 【Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GREEN MOUNT CREMATORY 11/7/96 BALTIMORE, MARYLAND 21, Signature of Funeral Service Licensee 22. Name and Address of Facility SCHIMUNEK FUNERAL HOME INC. 3331 BREHMS LANE, BALTIMORE, MARYLAND 21213 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final . HEPATIL ENUIPHALOPATHY disease or condition resulting in death) **Examiner** Due to (or as a consequence of): CIRRHOSIS The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Due to (or as a consequenca of): Box 68760, Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 40 3 Probably 4 Unknown HUMAN IMMUNOPERLIENLY VIRUS þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an eutopsy performed? certificate hes 1 ☐ Yes 2 No the Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After t 5 Pending Investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) efter 4 ☐ Homicide within 24 hours of To the Funeral Di completely filled Is Medical 29e. Certifier time Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) address of person who completed cause of death (Item 23a) (Type, Print)

, JUITUS HOPKING HOSPITAL

DIV. INF DIDEASES

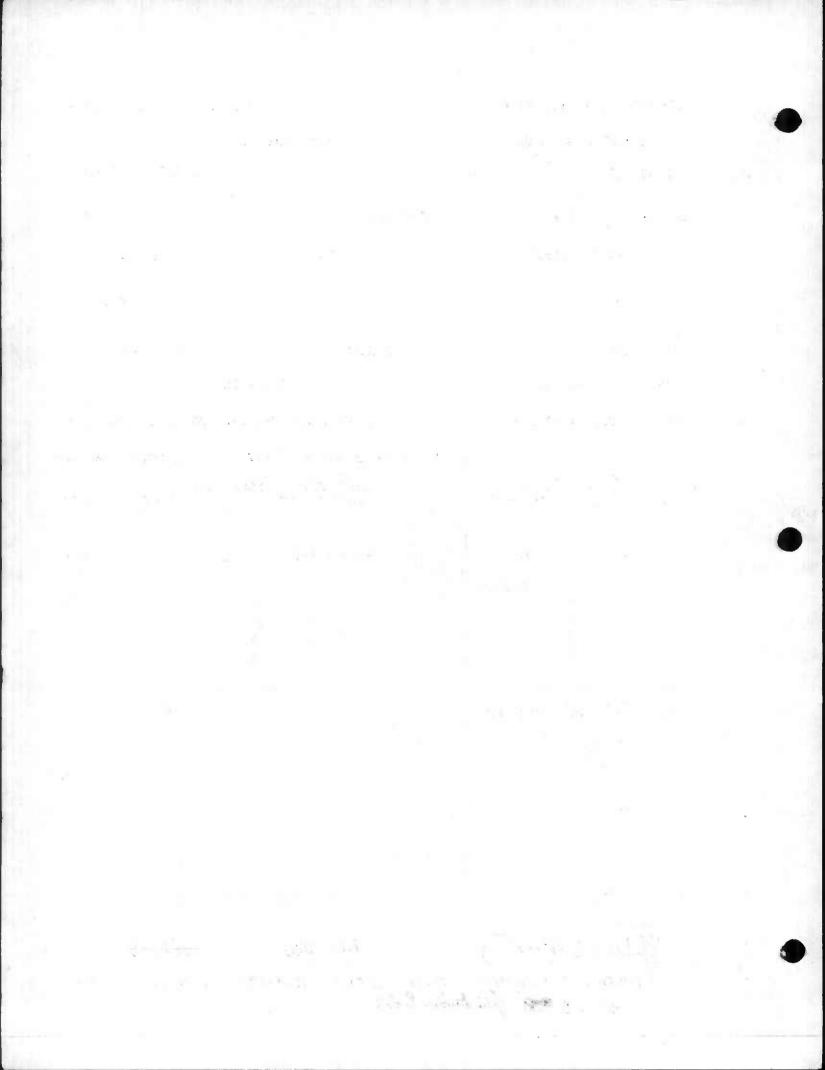
C. MANAGE

32. Registrar's Lighalire Rardell

YUKARI

31. Date filed (Month, Day, Year) NOV 1 5

State Registrar



examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 house.

											9	16	34341		
	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	TMENT	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO.	E		51		
	1. DECEOENT'S NAME (First, Middle, Last) EUGENE 4. SOCIAL SECURITY NUMBER	T, F	T, FITZPATRICK NOT							V 11 1996 C			3. TIME OF DEATH 0 4/15 A N		
DIRECTOR	215-01-4888	1 🖾 M 2 🗆 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan	Day Vand	901	8. BIRTHE Country	Maryland		
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE				NTY OF DE	ATH		
	St. Elizabeth Nur	у			N/A										
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CIT	Y TOWN O	R LOCAT	ION								
	Maryland Baltimore Catonsville												10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER														
ER	707 Maiden Choi	ce Lane	Apt 7G1	11			212	28		70		U.S.A			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		1 11	f yes, spe	ENDENT O	n, Maxica	n. Puerto Ri	(Specify Yes can, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc.		
LEO.	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OC	CUPATIO	N st of workin	a	16b.	KIND OF BUS	INESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	·)	ef q	se retired.)	-		-	ic	U.S.N	AVY				
BE CO	17. FATHER'S NAME (First, Middle, Last) Thomas Bernard	d Fitzpat	rick		-		18. мотн Мат	ry M	ME (First, Mi	iddle, Meiden	Surname) SMer				
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRESS	(Street er	nd Number	or Rural F	Route Numbe	r, City or Town	, State, Zip	Code)			
F	John Prendergas	t		1381	6 Hea	the	rsto	ne D	rive,	Bowi	e MD	207	20		
	20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremalion 3 Removal from State 4 Donalion 5 Other (Specify) 20b. PLACE ANDDATE OF DISPOSITION (Name of cemetary, crematory or other place) Lakeview Memorial Park 11/14 Sykesville, MD														
	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 Wilkens Avenue, Baltimore, MD 21229														
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) But TO WITKERS AVEIDE, BATETINOTE, But To WITKERS AVEIDE, But To WITKERS AVEIDE, But To WITKERS AVEIDE, But To WITKERS AVEIDE, But To WITKERS AVEIDE, But To WITKERS AVEIDE, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To WITKERS AVEIDER, But To												Approximata interval Between Onset and Death		
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST														
PHYSICIAN: MEDICAL C	DOM: If ON the International Control of Control of Control of Control of Control of Control of Control												VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ä	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF DEA	TH YE	S N	10 🖾	UNC	ERTAIN	10				YES: 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEAT	'H (Check o	nly one)									
YSI	1 TES 2 NO	1 Inpatient 2	OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other												
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU				E OF 28c. INJURY AT 26				28d. DESCRIBE HOW INJURY OCCURED				
8	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE Of building,								LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one) 2														
BE C		29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													

MO

BALT

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 0301

ASE

29d. DATE SIGNED (Month, Day, Year) NOVEMBER 11 1996

ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

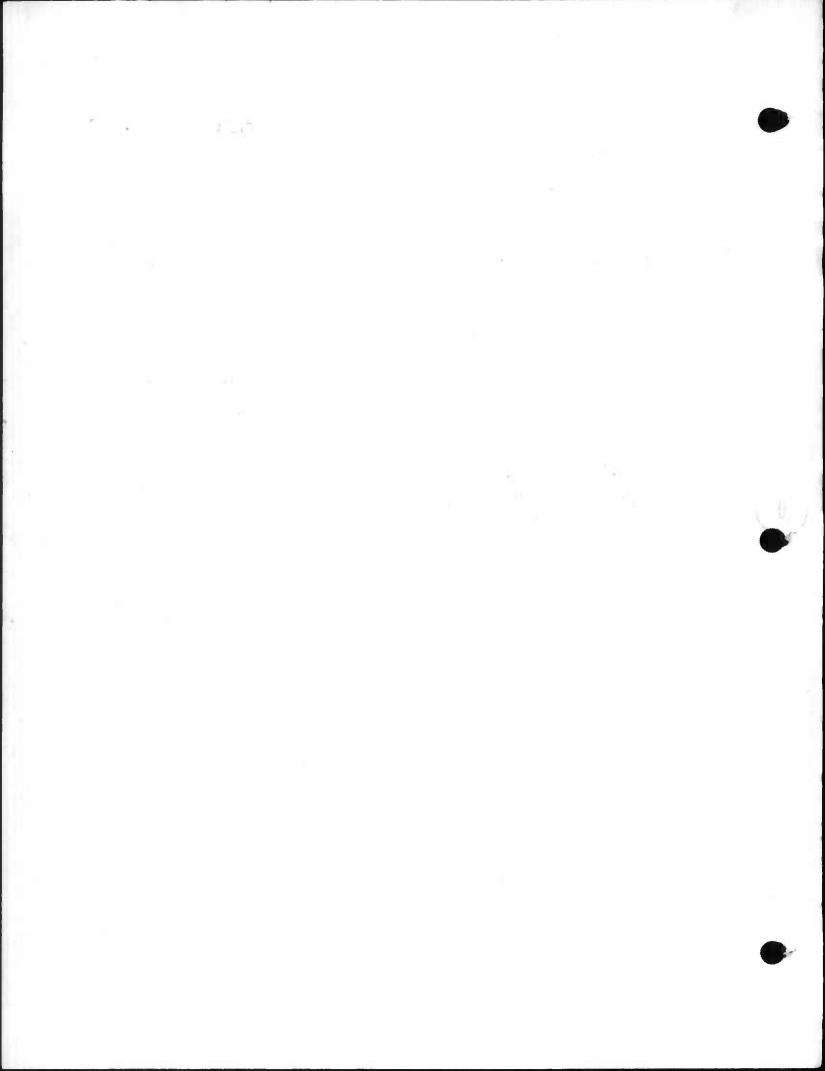
RUSSELL WILLIAM 3370 BENSON

31. DATE FILEO (Month, Day, Year)
NOV 1 5 19 1996

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2. REGISTRAR'S SIGNATURE

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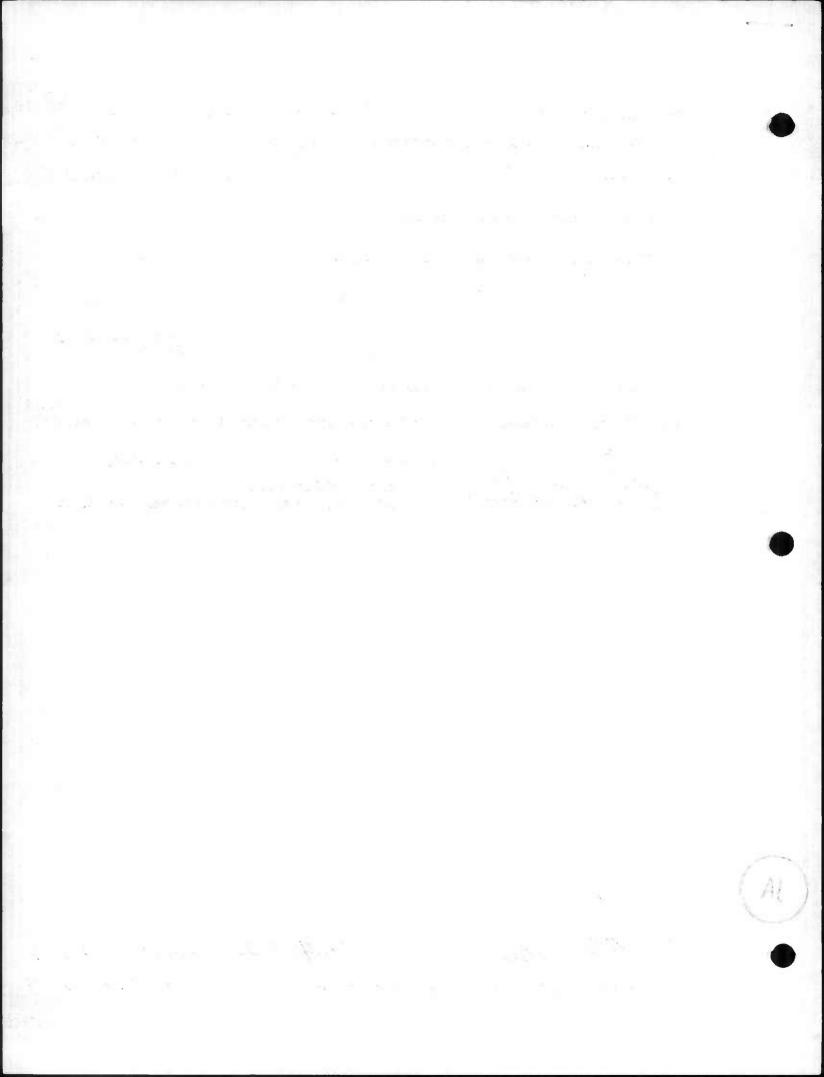


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

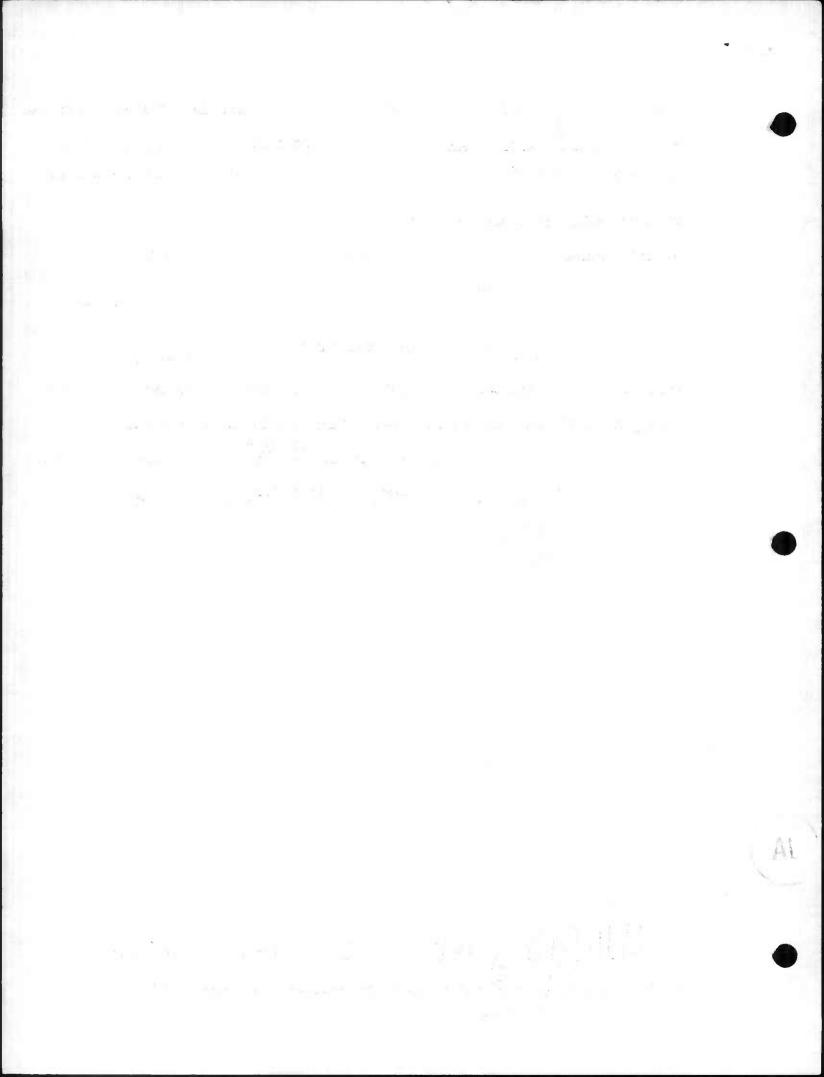
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						Cen	iiicai	e or	Death			Reg. No.						
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	Exami		4e. Fecility Neme (If not Institution, give Bel Air Nursing &	ation Ce	ente			4b. City, To Bel Ai		ation of Deel		ord C	ount	V				
	Funeral Director		5. Sociel Security Number 6. Se 214-38-3101		(In yrs. last birt	thday)		1 Year Deys		24 Hrs. g	B. Dete of Bi (Month, D	rth ay, Year)	9. Birth		te or Foreign			
	with the Maryland a or 28a-f show	ctor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Baltimor	e County	10c. City, Town		tion								e City Limits			
	or 28	Directo	10e. Street and Number				10f. Zip					10g. Cltizen of	Whet Cou	ntry?				
Maryland 21215-0020	ours after death w lei', or items 23a Examiner must	by Funeral	719 Maiden Choice 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	Lane, B.R 12. Wes Decedent E Armed Forces? 1 Yes 25 N If Yes, Give Yeer or Dates:	ver in U,S.					gin? (Spec i, Puerto Ri	ify Yes or Noican, etc.)		ca - Americack, White,	etc.	,			
	filed within 72 hours Hyglene. Ither then "naturel", ent, the Medical Ext	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondery (0-12)	cation e completed) College (1-4or 5- Years +	+)	Deceder (Give kii iife. Do	nd of wo NOT u	el Occup ork done se retired	durina mos	t of working	7	Baltim School			У			
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	0 0 = 0		20a. Method of Disposition 1 ☐ Buriai 2 ☑ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		20b. Piece of cemeter. Chesa	y, creme	tory or o	ther ple	,	11/1	Dete 4/96	20c. Location Beltsvi						
Ball	parmit. Page Department of Important: If any injury or once.		21. Signature of Furieral Service Ligane	"Aff	-				ller, Roac		ltimor	e, Mary	land	2120	6			
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or compishock, or heert failure. List only or Immediate Ceuse (Final disease or condition resulting in deeth)	. Uro.		5			ng, such es	cardiec or	respiretory a	rrest,		Approximinterval II Onset er	Between nd Deeth			
68760, riflicate be executed	centificate be executed nding physician and use as the burlal-transit	n/Medical Examiner	Sequentially list conditions, if any, laeding to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest).	Due to (or es e c	conseque	ence of):											
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Pivis	tal or de al Directo ad in by th	Certification:	3 Suicide 4 Homlcida 6 Could not be determined 28e. Piece of injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route City or Town, Stete)										al Route N	lumber,				
ın	Fund	Medical	29a. Certifier (Check only one) 1 Certifying Physical Continue (Check only one)	niclan: To the best of ner: On the basis of e end manner stet	examinetion end	death o	ccurred stigetion,	at the tir , in my o	ne, date en plnion, dee	d plece, an th occurred	d due to the l at tha tima,	causa(s) and m data and place,	annar as a end due t	tated. o the caus	e(s)			
	To the within To the comple	N	29b. Signeture end title of certifier	nn				toma.	e number	72		29d. Dete signe						
	9	-	30. Nema and eddress of person who co	mpiated cause of de	ath (item 23a) (Type, Pr	int)	AII	16	RI-,	<i>,</i> , <i>o</i>	Mark	VLAN	ו לי	10)4			
	Sta	te	31. Deta filed (Month, Day, Year)		's Signeture	- 412	1.11	7 10		JEC	1110	11/11	, -,,,,,		, , ,			



State of Maryland / Department of Health and Mental Hygiene 96

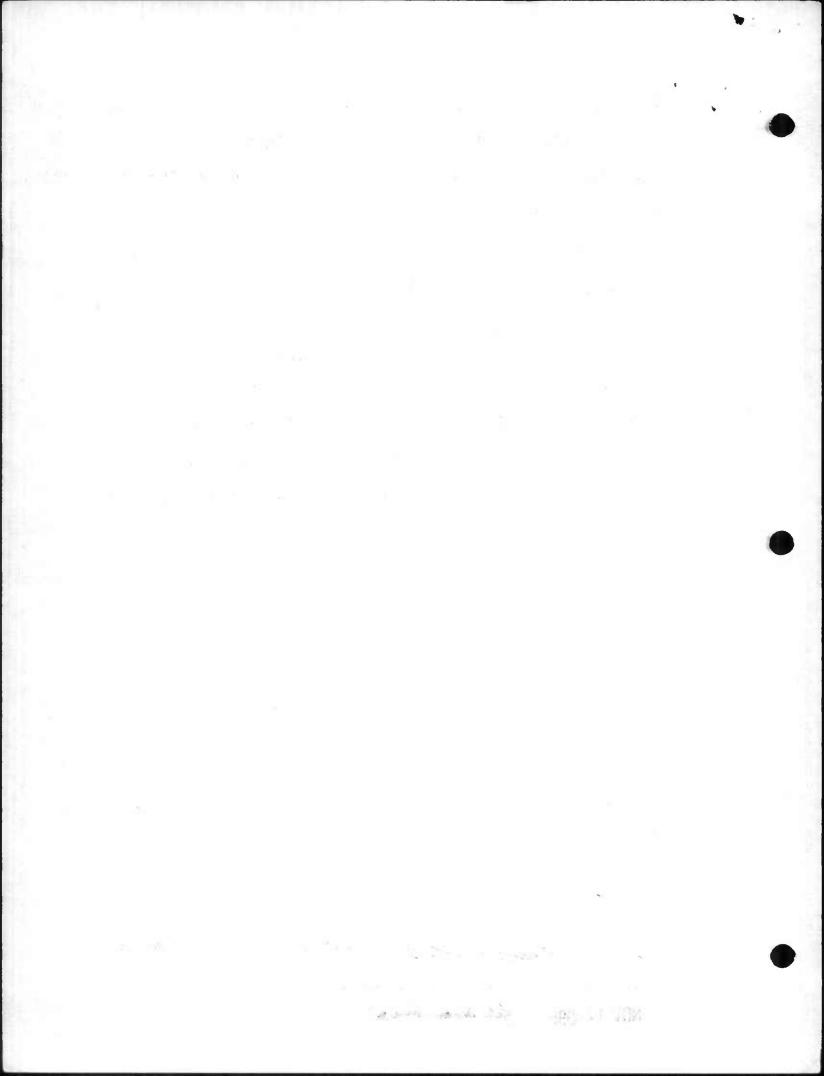
						Cert	ificat	e of	Death		F	leg. No.			
			1. Decedent's Neme (First, Middle, Last)							2. Dete of Dee	th	25.400	3. Time o	of Deeth
	Physici		Dorothy	С	1	FEAR					Month Novembe		Yeer 996	1.00	a.m.
	/Medi Examir		4e. Facility Neme (If not institution, give	street end number)					4b. City, To	wn, or Lo	ocation of Deeth	7		1.00	a.III.
	- Autilii		Franklin Square H	canital Cont	. 34				Rose	dale				Cours	day a
	Funeral		5. Sociel Security Number 6. Se.			thdey)	If Under		If Under		8. Dete of Birth	Dey Yeer ber 13 1996 1: ath 4c. County of Death Baltimore CC. inth 1997 9. Birthplece (County) Pennsyl 10d. Int. 10g. Citizen of What Country? U.S.A. 14. Race - American ind Bleck, White, etc. Specify: White 16b. Kind of Business/Industry Nursing 16, Meiden Sumeme) Unknown Finder, City or Town, Stete, Zip Code, aryland 21236 20c. Location - City or Town, Stete, Zip Code, aryland 21236 20c. Location - City or Town, Stete, Zip Code, aryland 21236 20c. Location - City or Town, Stete, Zip Code, aryland 21236 20c. Location - City or Town, Stete, Zip Code, aryland 21236 20c. Location - City or Town, Stete, Zip Code, aryland 21236 20c. Location - City or Town, Stete, Zip Code, aryland 21236 21236 22 No 3 Probably 24b. Were autorised to deeth? 24b. Were autorised to deeth? 24b. Were autorised to deeth? 24b. Were autorised to deeth? 24b. Were autorised to deeth? 25c. Specify: White	place (State	or Foreign	
	Director		218-40-1618	JM 2₹ 76	,	Yrs.	Months	Deys	Hours	Min.	May 30	1920	Penr	svlva	nia
			Usuel Residence of Decedent								7			7	
	ylan		10e. Stete 10b. County	100.0	City, Town	n or Loca	ation						1	10d. Inside (City Limits
	Ma F	tor	Maryland Baltimor	e County Ba	ltim	ore				0.00				1 🗆 Yes	s 2 XNo
	h the	Director	10e. Street end Number 10f. Zip Code								10g. Citizen of What Country?				
	h wil											U.S.A.			
	be filed within 72 hours after death with the Maryland tal Hygiene. d other than "natural", or items 23a or 28a-1 show event, the Medical Examinet must be notified at	Funeral	11. Meritel Status	12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (If Yes, specify Cuben, Mexican, Pue						gln? (Sp	ecify Yes or No-				
0	after or Its		1 Never Merried 2 Merried	1 ☐ Yes 2 No					en, Mexican, Puerto Rican, etc.)				etc.		
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	filed with Hygiene, rther tha	ភូ		4 Years	1100	9150	CI CU	IVUL	1.50			Nursin	g		
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more,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinations to notified an ance.		20e. Method of Disposition 180 Burlel 2 ☐ Cremetion 3 ☐ R	Chata Chata	Plece of cemeter	y, creme	tory or o	ther ple	се) 11/1	16/96	5 Dete	20c. Location	- City or To	own, Stete	
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-			23a. Part Enter the disease, or complishock, or heert teilure. List only or	ications that caused via de	eth. Do n	not enter	the mode	e of dyl	ing, such es	cardiac o	or respiretory er	est,	Tarid	Approxime	ete
S.	Physician		sriock, or neer, tellure. List only or	ie ceuse on eech ling									Ĭ	Intervel Be Onset and	tween Deeth
2	/Medical		Immediate Cause (Final disease or condition	Sepsis									1	2 days	S
В	Examiner		resulting in deeth)	9	(or es e c	onseque	ence oth							- day	
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Box	0 9 8	M/us													
	uires that the death is signed by the attention of be detached for u	Physician	Pert II. Other significant conditions con	stributing to death but not re	ributing to death but not resulting in the underlying cause given in Pert i.							bacco usa c	ontributs to	o the cause	of death?
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	at the se the	by F										70-00-			
Records,	v requires that been signed b should be deta												24b. W	ere autopsy	findings
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Ξ	relci ii cer direc	0	examiner?	lospitel: 1 Inpatient 2[⊒ ER/Out	nationt	3□ DO	A Oth	har				har /Snacil	64)	
0	F 2 E	<u>-</u>	27. Menger of Deeth	28a. Dete of injury (Month, Dey Year)	28b. T	ime of		Bc. Inju					- ' ' - '	*/	
6	45	읉	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	in	ijury	М		rk?]Yes 2⊟:	No					
9	Mark of the state	Certification:	3 ☐ Suicide 8 ☐ Could not be	28e. Plece of injury - At	home, fer	m, street	t, fectory	, office			28f. Location (S	reet end Num	ber or Rure	I Route Nu	m <i>ber</i> ,
2/	유민의	F	4 Homicide	building, etc. (Spec	ify)						City or Town	n, Stete)			
	To the Hospital within 24 hours To the Funeral completely illied		29e, Certifier 1 Certifying Phys	ician: To the best of my kr	owledge,	deeth o	ccurred e	et the tir	me, dete en	d plece, o	end due to the c	euse(s) end m	anner as s	teted.	
	n 24 n 24 ne Fu	edical	(Check only 2 Medical Examirone)	ner: On the basis of examinend menner steted.	etion and	Vor Inves	stigetion,	in my c	opinion, dee	th occurr	ed et the time, d	ete end plece	, end due to	the cause((s)
	To the within 2 To the comple	ž	29b. Signature and title bi ceruffer				29c	Licens	se number		2	9d. Dete eigne	ed (Month,	Dey, Year)	
	7		> Wills Will	does Mi	D			D	47	97	(,	11/1	3/96		
	10		30. Name and address of person who co	mpletad cause of death (rie	m 23e) (Type, Pri	int)		71	16	T	11/1.	110		
			Dr.Mark McGinlev					D.1	+ i =	0 14	[awv.] 1	21237			
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State of Maryland / Department of Health and Mental Hygiene

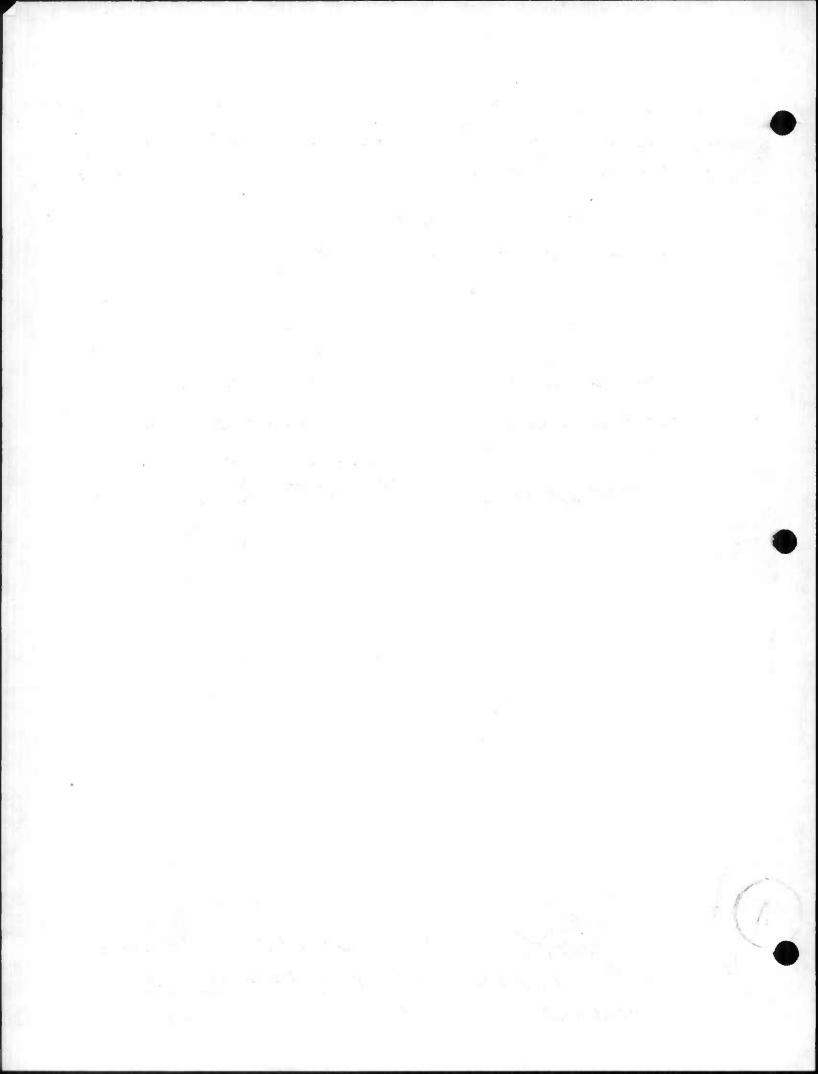
34344

				Ce	rtificate of	Death		Reg. No.	0 (74044
Dhuci	olon	1. Decedent's Neme (First, Middle, L	ast)				2. Dete of D Month	eeth Dey	Yeer	3. Time of Death
Physi /Med		1) ARRON		7/0	(OR	een	NOV	. 3 r	996	3 4 p.m.
Exam		4e. Facility Neme (If not Institution, gr				4b. City, Town, or I	Location of Dee	th 4c. County		
		JOSEPH RIT	CHIE HOSPI	ICE		BALTIMO	RE		n/	a
Funera			1 M 2 D E	yrs. last birthday	Months Deys		8. Dete of B (Month, D	irth ay, Yeer)	9. Birthple	ece (Stete or Foreign
Directo	r	213-86-0117	¹\\\ 2□F 33	3 Yrs.					BALT	TIMORE, MI
pue *		Usuel Residence of Decedent 10e. Stete 10b. County	10	c. City, Town or L	ncation					
sho	7		n/a		ALTIMOR				10	od. Inside City Limits 1√2 yes 2 □ No
7 Pe N	Director		1/α	D		L				7171
il o	늄	10e. Street end Number 1019 N. WOLI	FE STREET		10f. Zip Code	21205		10g. Citizen of V		ATES
e 23	Funeral		12. Wes Decedent Ever	in H.C. 40	Man Danadami of				e - America	
Herr d	5	11. Meritel Stetus 1 □ Never Merried ※ Merried	Armed Forces?	10-81	If Yes, specify Cu	Hispenic Origin? (S ben, Mexican, Puert	o Rican, etc.)		ck, White, e	
Definition of the property of	by	3 ☐ Widowed 4 ☐ Divorced	1 Y Yes 2 No If Yes, Give Yeer or Detes:	10-84	1□ Yes 2□N	Specify:		Specify	" BL	ACK
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in 7 in a	Completed	(Specify only highest gi	rade completed)	(Give	kind of work don DO NOT use ratir					
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should be and Mentei I marked of	-	19e. Informent's Neme/Reletionship	(Type, Print)	19b. Mell	ing Address (Stree	at end Number or Ru				
gost 1 and 2 should be filed within 72 hours after death with the Merylen to of Health and Mentel Hygiene. If item 27 is marked other than "naturel; or items 23s or 28s-4 show or other treumstic event, the Medical Examines must be notified at		→ ONALD	GREEN	5	413 M	OORES F	RUN D	RIVE. P	BALTO	.,MD#06
t He Item of the		20e. Method of Disposition		Ob. Plece of Disp	osition (Neme of metory or other pl	lacel	Dete	20c. Location -		
permit. Peges 1 end 2 Department of Health s Important: If Item 27 is eny injury or other tre		X□XBuriel 2 □ Cremetion 3 [4 □ Donetion 5 □ Other (Spec		-		ST VA C	FM 11	7 011	TNCS	MTILC MI
nit. entm	À	21. Signature of Funeral Service Lice			2. Name end Add		LM. 11	-/ UW.	1103	MILLS, MI
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		23a Pert1 Enter the disease occur	folloations that caused the							
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Examine	_	diseese or condition rasulting in deeth)	eAIDS	dia ang ang ang ang						5 years
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uted d ansit	Examiner	On several laboration and distance	b	to (or es e conse	auonoo ofti				110) years
exec on an	EX	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury				& cocaine	by rea	ort)		years
certificate be executed ding physicien and se as the burial-transit	edicai	thet antiered events	C	to (or es e conse						,
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as thet the death ogned by the atten- gned by the atten- be detached for u	Physician	Pert II. Other significant conditions	contributing to death but no	iven in Pert I	23h Dio	I tobacco use co	ntribute to	ibute to the cause of death?		
by the	hys		sorting to doutil but the	trosuming in the t	andonying badgo g	ivoit at t of ti.		Yes 2 No		ably 4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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Phys or this erel d		27. Menner of Death	28e. Data of Injury	28b. Time o		ury at	28d. Describe	how Injury occur	red	hospice
th. After funer	ê	1 Neturel 5 Pending Investigetic	(Month, Dey Yea	ar) Injury	M 1[ork? ⊒Yes 2⊡No				
or Attending Physicien: Teffer death. Director: After this certificat	ertification:	3 ☐ Suicide 6 ☐ Could not I	28e. Piece of injury -	At home, ferm, st	reet, fectory, office	•	28f. Location	on (Street and Number or Rural Route Number,		
or A effer Direct	ert	4 Homicida	building, atc. (S)	pecify)			City or To	iwn, Stete)		
To the Hospital or Attending Phywithin 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	alC	29e. Certifiar 1 Certifying P	hysician: To the best of my	knowledge, deet	h occurred et the	time, dete end piece	, end due to the	ceusa(s) end ma	inner as sta	ated.
Ho Ho Fui	edical	(Check only 2 Medical Exa	miner: On the basis of axai end menner stated.	mination end/or in	vestigetion, in my	opinion, deeth occu	rred et the time	, dete end place,	and due to	the ceuse(s)
To the within To the	M	29b. Signeture end title of certifier			29c. Licer	nse number		29d. Dete signe	d (Month, E	Dey, Yeer)
		10-	A	WI	D 13	006		3 Nov	96	
		30. Nema and address of person who	complated ceusa of death	(Itam 23a) (Type	Print)					
		Thomas Powell	101 W. Read	_	ltimore	21201				
S	tate	31. Dete filed (Month, Dey, Year)	32 Registrar's S							
Regis		NOV 15 1996	grillia Davi	door-Parish						



State of Maryland / Department of Health and Mental Hygiene 96 34345

				C	Certificate of	f Death	B	eg. No.	0 04040										
Physicia /Medica		1. Decedent's Name (First, Middle, La	Gohke				2. Date of Deat Month		3. Time of Death										
Examine		4a. Facility Name (If not institution give Howard Com	/ /	2 Hz	de	4b. City, Town, or Collisan	Location of Death	4c. County	of Death ward										
Funeral Director		5. Social Security Number 2.18-01-7737 Usual Residence of Decedent	7. Age	(In yrs. last birtho	Months Days			Year)	Birthplace (State or Foreig Country) MARYLAND										
a-f ahow	tor	10a. State 10b. County MD HOWARD		10c. City, Town o					10d. Inside City Limi 1 ☐ Yes 💥 ☐ N										
23a or 28	Funeral Director	10e. Street and Number 8894 TOWN & COUN	TRY BLVD -	APT-F	10f. Zip Code	.043	11	Og. Citizen of W											
al.	þ	11. Marital Slatus 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		I3. Was Decedent of If Yes, specify Cu		Specify Yes or No- rto Ricen, etc.)	- Americen Indian, c, White, etc. WHITE											
- 2	Completed	15. Decedent's Education (Specify only highest grade) Elementary/Secondary (0-12)		(G	ecedent's Usual Occi ive kind of work don e. DO NOT use retir	e during most of wo	orking	16b. Kind of Business/industry											
d oth	Be	4TH GRADE 7. Father's Name (First, Middle, Last) BYRON GEORGE WARFIELD			HOMEMAK	18. Molher's Na		HOMEMAKING st, Middle, Maiden Sumame) GOODRICH											
th end Men 7 Is marke traumatic	ို			401.44															
ther the	-	19a. Informant's Name/Relationship (ETHEL G. CHAILLOI 20a. Method of Disposition		282	ailing Address (Street 5 PINEWIC sposition (Name of		ELLICOTT	CITY, M	D 21042										
2 = 2		1 □ 26urial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif		cemetery,	PARK CEME			BALTIMO	City or Town, Stale										
Department important: any injury once.		21. Signature of Funeral Service Licer	Colona		22. Name and Addi HUBBARD F 4107 WILK			OPE MD	21229										
/Medical xaminer nuel-transit	Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury	b. —	ue to (or as a con					3 days										
ettanding physician and for usa as the buriel-transit					resulting in death) Last Due to (or es a consequenca of):														
d by the letached	E	Part ti. Other significant conditions o	ontributing to death but	iven in Part t.	23b. Did tobacco use contribute to the cause 1 Yes 2 10 3 Probably 4														
has been signe					Completed by		þ	ρ	ρ	þ	2						24a. Was ar perform		4b. Were autopsy findings evailable prior to completion of ceuse of death?
cartificata ha							1 □ Ye	s 2000	1 ☐ Yes 2 ☐ No										
	10	25. Wes case referred to medical examiner?	Hospital:	2 ☐ ER/Outpe	tienI 3 DOA	ther:	ath (Check only one												
ctor. After this by the funeral of	ation: 10	1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day	ury et ork? Yes 2 □ No	p Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how Injury occurred														
al Director.	27. Manney of Death 1								r or Rurel Route Number,										
● 三八 2	edicai	29a. Certifier (Check only one) Certifying Ph	ysictan: To the best of liner: On the basis of e and manner state	xamination and/or	eth occurred et the t Investigation, in my	ime, dete and place opinion, death occ	e, and due to the ce urred at the time, da	use(s) and man ite and place, ar	ner as stated. nd due to the cause(s)										
pleta (2	Λ.																	
completely		29b. Signeture and title of cominer	Xas,	MD	29c. Licen	1757) 5	29	d. Date signed	(Month, Day, Year)										

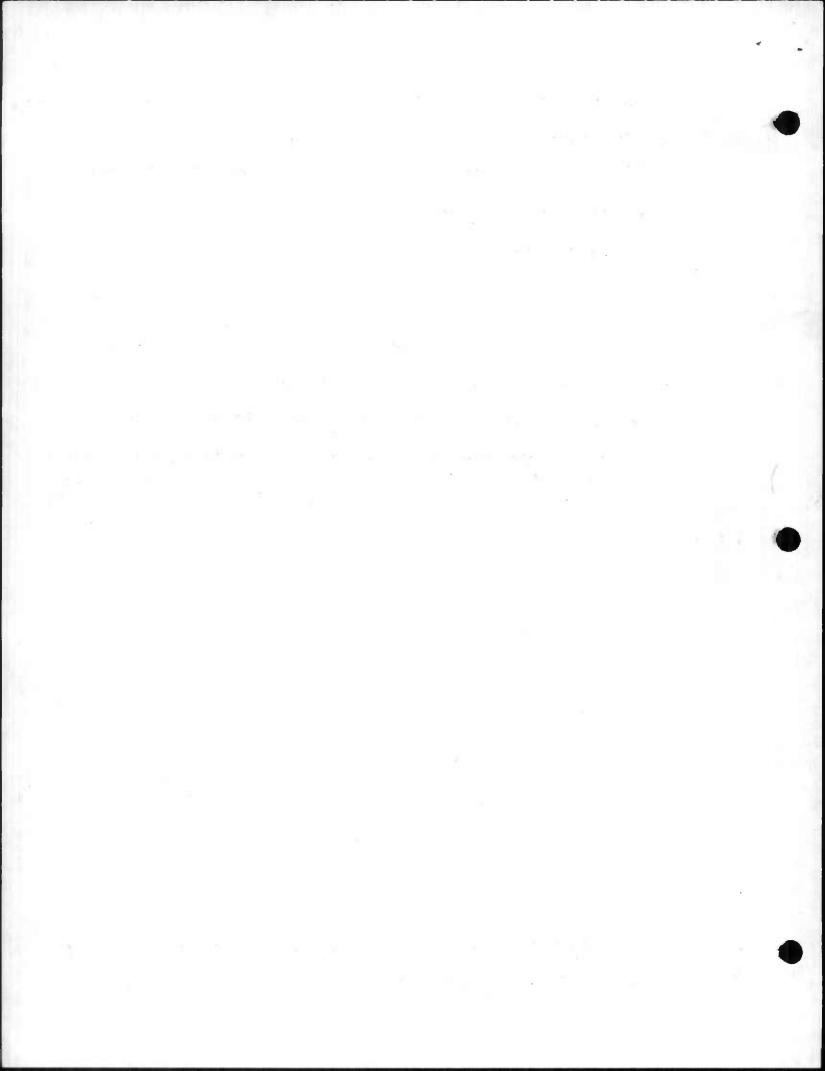


State of Maryland / Department of Health and Mental Hygiene

34346 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month November 13, 1996 THOMAS MATTHEW 11:00 A.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Manor Care Ruxton Towson Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Min. | March 17,1907 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** 1₽M 2□F 216-09-7409 Vis 89 Director Maryland Usual Rasidanca of Dacedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits must be notified at Baltimore Maryland Towson 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7011 Charles Ridge Road 21204 U.S.A. Funeral Harne 2 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ঐ No If Yas, Giva Yaar or Datas: Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Raca - Amarican Indian, Biack, Whita, atc. r than "natural", or item the Medical Examiner permit. Pages 1 and 2 should be filled within 72 hours after to be perment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examines. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Completed by Specify: 3 ☐ Widowad 4 ☐ Divorced White 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) Salesman Meat Broker 12 yrs. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Matthew John Hubin Annie Brooks 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 7011 Charles Ridge Road Towson, Md. 21204 Mrs. Lynn L. Hubin Wife 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramovai from Stata 11/16/96 Woodlawn, Maryland 4 □ Donation 5 ②Othar (Specify) Entombment Lorraine Park Cemetery 21. Signatura of Funeral San ce Licensae 22. Nama and Addrass of Facility 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 Ruck Towson Funeral Home, Inc.

23a. Part1. Enter the disease, or complications the coused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batwaen Onset and Death **Physician** /Medical Immediata Causa (Final Centrova cular 106'dent disaasa or condition rasulting in death) **Examiner** Physician/Medical Examiner The law requires that the death certificate be executed the bunal-transit Sequantially list conditions, if any, laading to immadiata ceusa. Enter Undarlying Cause (Disease or injury that initiated events rasulting in daath) Last pue Dua to (or as a consequence of): P.O. Box 68760, Dua to (or as a consequence of): director, page 2 should be detached for use es Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ATRIALL T-ISNILLATION Records, ρ 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No After this certificate Division of Vital or Attending Physician: Be 25. Was cesa rafarred to medicel 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Vursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No nours efter death.

neral Director: After this y filled in by the funeral di 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Medical Certification: 28b. Tima of 28c. Injury at Work? 5 Panding invastigation 1 Natural Injury NA 1 Yas 2 No 2 Accidant NA MA 6 ☐ Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital o within 24 hours eff To the Funeral Di completely filled in 29a. Certifier 11 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) and manner as stated. 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signatura and titia of certifiar 29c. Licansa number ND 30. Nama and address of person who complated ceuse of death (Itam 23a) (Type, Print) o guia Saundon Monantes State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 34347 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** SOLDA 1996 3:40 AM lovenber 8. /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MARFORL luRS, nb BULFORIS Homs FOREST If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** Months Days 1 M 28 F 22 3433 Yrs Director Usuel Residence of Decedent Jav. 23 1908 Tury the Maryland 10a, State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic evant, its Medical Examinar must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director 1ARYLAND HARFORL JARRETISV, W 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? VIEW LOURT 4118 91087 death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status Was Decedent of Hispenic Orlgin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Pages 1 and 2 should be filled within 72 hours after to Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural". or hamany injury or other trainment. Bleck. White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 Widowed ⋅ 4 Divorced ETIHU Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12785 Home HOUSBWIFE 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be ALAID 0 Gonza HT103 311121 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 41084 KOLLNO UCRSTIA SIDMA JARRETTSVILLEMO Nov.12 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) BILAIR (, JARY 12moRiAL 21. Signature of Funeral Service Licenser 22. Name end Address of Fecility PA. CHARL BIL ATIR EVANS MARYLAND ORIVE BOB FOR WZI 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause or much line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting In deeth) Examiner Due to (or as e consequence of): Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of) P.O. Box 68760. physician Physician/Medicai Due to (or as e consequence of): 88 for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by cate has been significant category. 24e. Wes en eutopsy pertormed? 24b. Were autopsy findings eveilable prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No sertificate ital Be 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 450 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 3 ☐ Sulcide 6 Could not be 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Hospital Medicai tel Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner stated. 29a. Certifier

29c. License number

29d. Dete signed (Month, Day, Year)

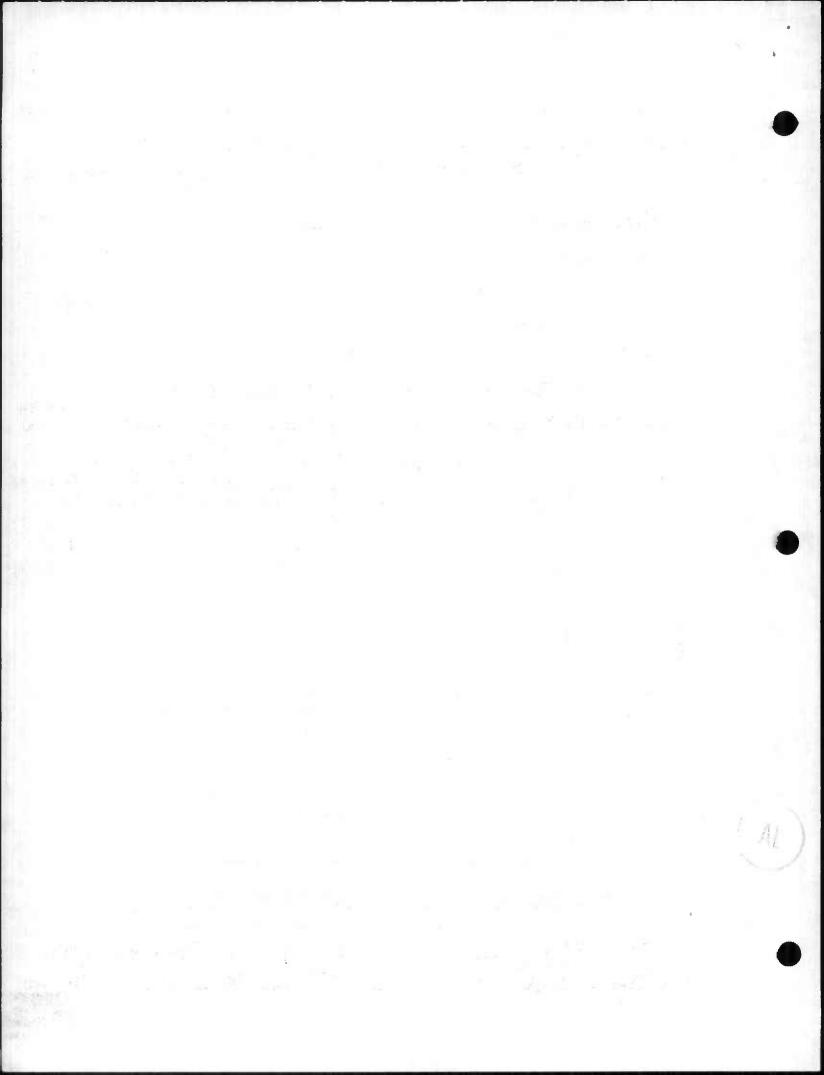
State Registrar (Check only onel

29b. Signeture end title of certifier

NOV 15 1996 Year)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

du la Dad (Rigistrars, Signeture



State of Maryland / Department of Health and Mental Hygiene

34348 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth NOVEMBER 10, 1996 **Physician** ROSEZELIA HARRELL 1:44 Aug /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Auspital

7. Age (In yrs. last birthday)

7. Yrs. Baltu e cours If Undar 1 Year | If Undar 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Social Security Number 6. Sax **Funeral** 1 M 2 X F Months 217-12-356 Director Usual Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. inside City Limits 28a-f show traumatic evant, the Medical Examiner must be notified at Balto 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 U.S.A 2617 ton 21216 Items 23a Funerai 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give ✓ Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritai Status 1 Nevar Married 2 Married Saltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: Black à 3 Widowed 4 □ Divorced "natural". Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life, DO NOT use reliped) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than eny Injury or other trainment. College (1-4or 5+) Elementery/Secondery (0-12) 124h Home tousewite 17 Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumama) Be Edward Kembroke. Dowel mar lennie 150 Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Coldspring atricia 2861 tarris-Daughter Balto, md 21215 20b. Plece of Disposition (Nama of cemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete hulas Cremator 4 ☐ Donetion 5 ☐ Othar (Specify) metro 22. Nama and Address of Fecility

Mach C. H. West 21. Signeture of Funerel Service Licensee 4300 Wabash pre 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediete Ceuse (Final diseesa or condition rasulting in death) /Medical GASTRIC CARCINOMA WITH LIVER WETS 6 wos Examiner Due to (or es a consequence of) the burial-trensit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events rasulting in death) Last and Due to (or as a consequence of): Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Winknown Bleedeup 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? 1 Yes 212 No 1 Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: "
within 24 hours after death.

our Funeral Director: After this certification pathy filled in by the funeral director; p Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Medical Certification: To 27. Menner of Deeth 1 Netural 28c. Injury at Work? 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 ☐ HomicIde 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of axeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. 29a. Certifier 29b. Signeture end the of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) M.D. NOVELLER 10, 1996 who completed cause of deeth (Item 23a) (Type, Print) Bon Decorus Hosp IMPERIAL JR 31. Dete filed (Month, Day, Year) NOV 15 1996 State Registrar

DHMH 16 Rev 6/95

4 desired and the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 26. PER DR. FILM G-741 State of Maryland / Department of Health and Mental Hygiene 11/15/96 t.t Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** HOLZ MAN VATHAN NOV 0:30 pM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner SINAI HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Months Deys Hours Min. SEPT 26,1910 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 □ F Months 218-32-3448 86 Yrs. **Director** POLAND Usual Residence of Decedant should be filed within 72 hours efter death with the Manyland nd Mental Hygiene. marked other than "natural", or frems 23s or 28s-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at Director MARYLAND BALTIMORE 1 Yes 2 XNo BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3400 TERRAPIN ROAD 21208 Funeral USA 11 Marital Status 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, traumatic event, the Mudical Examiner Black. White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ Xuo Specify: by WHITE 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Collaga (1-4or 5+) SALES BAKERY 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) . Pages 1 and 2 should be fill iment of Health end Mental Hant: If item 27 is marked oth jury or other traumatic even Be ABRAHAM HOLZMAN FANNIE RITTH GREENSPUN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. FAY HOLZMAN (WIFE) 3400 TERRAPIN ROAD BALTIMORE, MD 21208 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, State 1 □ Burla! 2 □ Cremetion 3 □ Removel from State BETH TFILOH -11-3-1996- BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility SOL LEVINSON & BORS., INC. 2900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart failure. List only one cause on each line. **Physician** immediata Causa (Final diseasa or condition resulting in death) /Medical Examiner Examiner The law requires that the death certificate be executed buriel-transit Sequantially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting In death) Last and Due to (or as a consequence of) attending physician for use es the burie Physician/Medical Due to (or as a consequence of) signed by the a Pert.II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of ceuse of death? Completed hes certificate 2 12 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attanding Physician: 25. Was cesa referred to madical examiner? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3W DOA 5 Residence 6 □Othar (Specify) this funeral 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? After 5 Pending Investigation 1 Natural after death.

Director: Aft
d in by the fur 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicida within 24 hours aft To the Funeral Dir completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifier (Check only one) 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year)

State Registrar 31. Dete filed (Month, Day, Year) NOV 1 5 1998

30. Name and address of person who completed ceusa of death (Item 23a) (Type, Print)



21215-0020

Baltimore, Maryland

Box 68760.

Division of Vital Records, P.O.

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	_		Certificate of Death	Reg.	No.	34350		
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Funeral Director		5. Social Security Number 6. Sex 264 32 3417 12M 2 F L7	oirthdey) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min.	8. Date of Birth (Month, Dey, Ye		plece (State or Forei untry) Florida		
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	Director	10e. Street and Number	10f. Zip Code	10a.	Citizen of Whet Co			
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 34351 Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** JOHNSON ON SR. Worth Day 11 1996 4b. City, Town, or Location of Death 4c. County of Death WILLIAM DEMPSEY /Medical 4a. Facility Name (If not institution, give street and numbar) **Examiner** 520 HITAZOH FALLSION FAUSTON LERAI If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) **Funeral** 189 M 2□ F Months Yrs. 216 20 4193 691,96.220 Director LAN Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 23a or 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at 1 ☐ Yes 2 No Director JORATOWO HARFORD ARRETTEVILLE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? HROME HULL 31084 A.Z.U 3227 Funeral Items : 12. Was Dacedent Ever In U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11 Marital Status 14. Bace - Amarican Indian. Black, White, atc. Pages 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene. int: If item 27 is marked other than "natural", or ite 1 ☐ Yas 2⊠ No If Yas, Give Yaar or Dates: 1 Never Married 28 Married 1 Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coltaga (1-4or 5+) OPERATOR 8YRS. LAMINENIAL 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) 2211AU 1 HOMAS KUBY 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) permit. Pages 1 end 2:
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Important: if item 27 is
any injury or other trau HROME HILL KOPD SI-2ABETH JOHNSON JARRETTEVULA 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) CA. 12 A 20c. Location - City or Town, State Burial 2 ☐ Cremation 3 ☐ Removal from State 1996 4 ☐ Donation 5 ☐ Other (Specify) 12/2 FAUSTON 22. Name and Address of Facility CHAPEL - BUL AIR! 21. Signature of Funaral Service Licensea ORIVE 36 SEWPORT 23a. Part1. Enter the diseasa, or complications that baused the death. Do not entar tha mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting In daath) /Medical DUE TO ENTRICULAR TACHYCARDIA Minutes Examiner Due to (or as a consequence of): Prior Coronary Artery Discase Physician/Medical Examiner physicien and s the buriel-transit Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Severa 1 uears ARCINOMA LARYNX WITH Total Carynge ctomy and Tracheostomy pulmonary Disease 88 pulmonary The law requires that the death Part it. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part it. 23b. Did tobacco use contribute to the cause of death? 2□ No 3 Probably 4 Unknown myocardial Infarction, Status þ Bypass Graft 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? page 2 s hes 2 No 910 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cesa raferred to medicel examiner? 26. Place of Death (Chack only ona) 1 Yas 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 32 DOA Certification: To 27. Manner of Death
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2 ☐ Accident 28b. Time of 28d. Describe how injury occurred 5 Pending invastigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled

1 Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and dua to tha cause(s) and manner stated.

State Registrar

Medicai

29a. Certifier

29b. Signatura and title of certifie

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ALBERT S.C. SUN

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Baltimore, Maryland 21215-0020

P.O. Box 68760.

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29d. Date signad (Month, Day, Year)

29c. Licensa number 0-18779 November 12,

30. Name and address of person who complated cause of death (tram 23a) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene

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Film G741 item 24d per PHY 11/27/96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Marquerite C. Jenkins Nov 12, 1996 /Medical 3 P.M. 4e. Factility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 325 Stratford Road Catonsville Baltimore H Under 1 Yeer H Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) Oct 31, 1898 5. Social Security Number Birthpiece (State or Foreign Country)
 M C 7. Age (In yrs. last birthdey) **Funeral** 1□M 2√F Months 217-22-4303 98 Yrs. Director Usuei Residence of Decedent the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits hould be many that the Mad cal Examiner must be notified at mostic event, the Mad cal Examiner must be notified at Baltimore Md Catonsville 1 □Wes 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 325 Stratford Road 21228 USA Funeral 11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Ortgin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. illed within 72 hours after 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 34□4Widowed 4 □ Divorced white Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Educetton (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) Homemaker Own Home 10 timore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be frant of Health and Mentel Int: If Item 27 is marked of William F. Carroll Susan Laumann 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mildred Schnebien/Daughter 325 Stratford Road, Catonsville, Md. 21228 If item 27 or other t 20b. Piece of Disposition (Neme of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) permit. Page Department o important: If any Injury or New Cathedral 11/15 Baltimore, Md. 21. Signaturo of Funeral Service License 22. Name end Address of Fecility Sterling Ashton Funeral Home, Inc 736 Edmondson Avenue, Balto, Md. 21228 | 736 Edmondson Avenue, Ba 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician Biliary Tract Neoplan /Medical Immediate Cause (Final disease or condition resulting in deeth) 4CAR Examiner Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieled events resulting in death) Lest Due to (or es e consequence of) Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Dfd tobacco use contribute to the cause of death? o. 1 Yes 2 No 3 Probably 4 Unknown 0 Vounda Records. þ Convatues asservations 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Wes cese referred to medicel exeminer?

1 Yes 2 No 26. Plece of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Presidence 6 Other (Specify) Certification: To 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how tnjury occurred 28c. Injury at Work? 1 Divaturei 5 Pending after death. 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Locetion (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 ☐ Homicide To the Hospital of within 24 hours a To the Funeral Completally filled in the Completally filled in the completal of the comp 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 004832 foliate in feth serving. Ag. UN CONTROL WERE

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 405 Fock Brick Roan

ROLENDO M' SAS UN OMO Ghaville, mo. 21 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State NOV 15 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene

34353 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Nov. 11, 1996 Ralph Theron King 9 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b, City, Town, or Location of Death 4c. County of Death Examiner Multi Medical Center TOWSON BALTIMORE 6. Sex 1 M 2 □ F 5. Social Security Number If Linder 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) Deys Vrs Director 239-22-8694 83 Mar 10, 1913 GEORGIA Usual Residence of Decedent filed within 72 hours after death with the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits items 23s or 28s-f show MARYLAND BALTIMORE Director WHITE HALL 1 ☐ Yes 2 No 10e. Street and Number 10f, Zip Code 10q. Citizen of What Country? 17611 Troyer Rd. 21161 Funeral USA 11. Marital Status 12. Was Decadent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. traumatic evant, the Medical Examiner 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married 21215-0020 δ by 1 ☐ Yes 2 ☐XNo Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hyglene. Important: If item 27 is marked other than "na eny injury or other traumatic event, the Media. Once. Elementary/Secondary (0-12) College (1-4or 5+) 12 Salesman X-Ray Equipment Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Lee King Gertrude Turner 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Sandra Jean Kelly/Sister 17531 Troyer Rd., White Hall, MD 21161 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 1996 Nov 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. Catonsville, MD 21. Signature of Funeral Service Licentee
Victor Lengrand, Jr. 22. Name and Address of Fecility Home of Dulaney Valley, Inc. Lemmon Funeral 10 W. Padonia Rd., Timonium, MD 21093 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medicai Immediate Cause (Final disease or condition resulting In death) Examiner Examiner The law requires that the death certificate be executed the attending physician and hed for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to to as a consequence of) Box 68760, Physician/Medical Due to (or as a consequenca of): P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the der 1 Yes 2 No 3 Probably 4 UniKhown Division of Vital Records. þ 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Vursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 5 Pending investigation 1 Natural death. 1 Yes 2 No 2 Accident within 24 hours after death To the Funeral Director: in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide the Hospitai 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and placa, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier Medicai completary 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Shelley Cabbell, M.D., 4000 Old Court Rd., Suite 203, Balto., MD 21208 31. Dete filed (Month, Day, Year) 32, Registrar's Signeture

DHMH 16 Rev 6/95

State

Registrar

NOV 15 1996

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Baltimore	artment of ortant; if it injury or o		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License	Dula	ney Va	esition (Nama of matory or other ple alley Mer	n.Gardens	1996	Timoni	um, MD alley, Inc.		
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	/Medical Examiner	16	Immediata Causa (Final diseasa or condition rasulting in death)		drati					7 weeks		
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	To T To T	M	29b. Signature end title of certifiar	MIRZA A.	BAI	29c. Licens				(Month, Dey, Year)		
	V		30. Name and addrug of person who co	mpleted causa of daath (Itam South Unu	23a) (Type,	Print) re, Hai	re De G	race,	Mary	ylang 21078		

DHMH 16 Rev 6/95

State Registrar

Secretary Color No.

State of Maryland / Department of Health and Mental Hygiene 34355 Certificate of Death 1. Decedent's Neme (First, Middle Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month Veer THOMAS WILLIAM LAWRENCE 10:45 pm November 11, 1996 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Genesis-Hamilton Nursing Center N/A Baltimore Hours Min. 8. Dete of Birth (Month, Day, Year)

July 13, 1 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) **Funeral** 9. Birthpiece (State or Foreign 1**X**0 M 2□ F Days 217 07 4118 Yrs. 83 Director 1913 Maryland Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits the Medical Exeminer must be notified at Director Anne Arundel 1 ☐ Yes 2 No Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? filed within 72 hours after death with 9 207 W. 11th Avenue items 23a 21225 U.S. Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Merried 2 ☐ Married 6 more, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ 3☐ Widowed 4 ☐ Divorced Specify: White "natural" Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. KInd of Business/Industry (Specify only highest grade completed) than Elementary/Secondary (0-12) College (1-4or 5+) Engineering Operating Engineer Peges 1 end 2 should be filed vent of Health end Mental Hygient: If item 27 is marked other in 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be Thomas G. Lawrence Catherine Seaborn 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) Important: If from 27 is a say injury or other traum once. Jennie Beecher (Granddaughter) 3903 Walnut Ave. Baltimore, MD 21206 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Bunei 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Catonsville, MD 11-12-96 Metro Crematory 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 21a. Pert1. Enter the divese, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** ventricles dystlyma /Medical Immediete Cause (Finel diseese or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Box 68760. physician Physician/Medical the Due to (or es e consequence of): for use es P.O. signed by the d Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Division of Vital Records, þ should ! Completed 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes an eutopsy performed? i certificate has t lirector, page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 25 No or Attending Physician: Be director 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) 10 1 ☐ Yes 2 No Other: 4 Jursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this s efter death.

I Director: After this of in by the funeral d 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homicide To the Hospital of within 24 hours of To the Funeral Completely filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) and menner stated. edicai 29a. Certifier (Check only 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Name end eddress of person completed cause of deeth (Item 23a) (Type, Print)

9712 Bel Air Road, Baltimore Maryland 21236

DHMH 16 Rev 6/95

State

Registrar

Jeffrey Cool

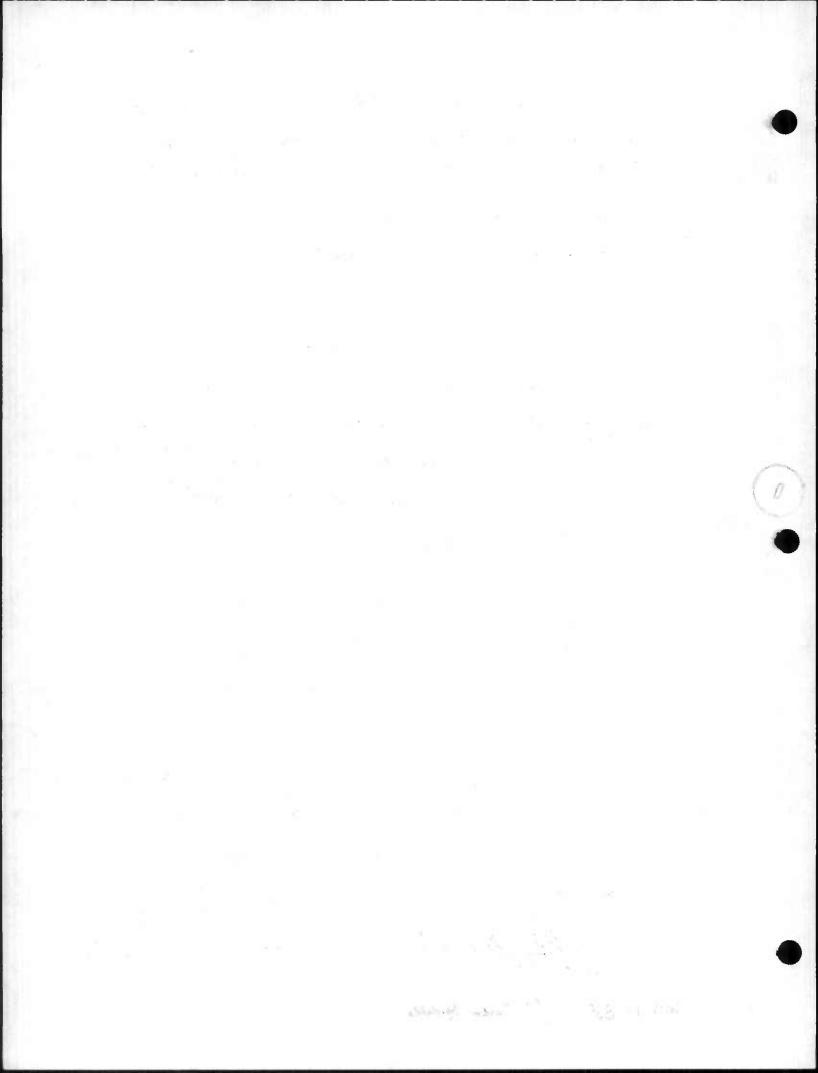
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 24a, PER DR. FILM g-741 State of Maryland / Department of Health and Mental Hygiene 11/15/96 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death Month **Physician** ewis /Medical 4b/City, Town, or Location of Ceath 4a. Facility Nama (If not institution, giva straet end numbar) Examiner (la ech If Undar 24 Hrs. C If Under 1 Year 5. Social Security(Nun 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days Hours 154M 2□ F Yrs. Director 49 unknown June 22,1947 unknown Usual Rasidanca of Decadant Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland nent of Health end Mental Hygiene. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits UN KNOWN 1 ☐ Yas 2 ☐ No "natural", or items 23s or 28s-f show adical Examiner itsust be notified at unknown Director unknown unknown 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? unknown unknown Funeral unknown 11. Marital Status 12. Was Dacedent Evar in U.S. Armed Forcas?unknown 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. unknown 1 Never Marriad 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify: Completed by Black Specify 3 Widowad 4 Divorcad 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) than Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Surnama) Be unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat end Number or Rurel Routa Number, City or Town, State, Zip Coda) unknown nt of Health unknown or other 20b. Placa of Disposition (Nema of camatary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Important: It Jepartment 4 □ Donation 5 □ Othar (Spacify State rem. 21. Signetura of Funaral Sarvica Licensee

Joseph B VanSaut 22. Nama and Addrass of Fecility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1

Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 21201-1559 Approximeta Intarval Batween Onset and Death Physician /Medical Immediate Causa (Final disaasa or condition resulting In death) Examiner Due to (or as a consaquance of): MOS The iaw requires that the death certificate be executed the buriel-trensit Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Ceuse (Diseasa or Injury that Initiated evants rasulting In daath) Last Dua to (or es a consequança of) Physician/Medical Dua to (or as a consequence of) for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown HOIS pege 2 should be 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? peeu After this certificate hes 1 ☐ Yas X No 1 Yas 25 No Attending Physician: director, Be 25. Was case refarred to medical axaminer? 26. Pleca of Daath (Chack only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 25 No 1 Inpatient 2 ER/Outpatient 3 DOA spital or Attending Physhours efter death.
neral Director: After this y filled in by the funeral di 27. Mennar of Death Deta of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be 28a. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital or within 24 hours eff To the Funeral Di completely filled in

P.O. Box 68760, Division of Vital Records,

Maryland

State Registrar

Medical

29e. Cartifian

Allipson wild. 31. Data filad (Month, Day, Yaar)

29b. Signature and title of cartifier

30. Name end addrass of person who completed causa of death (Item 23a) (Type, Print)

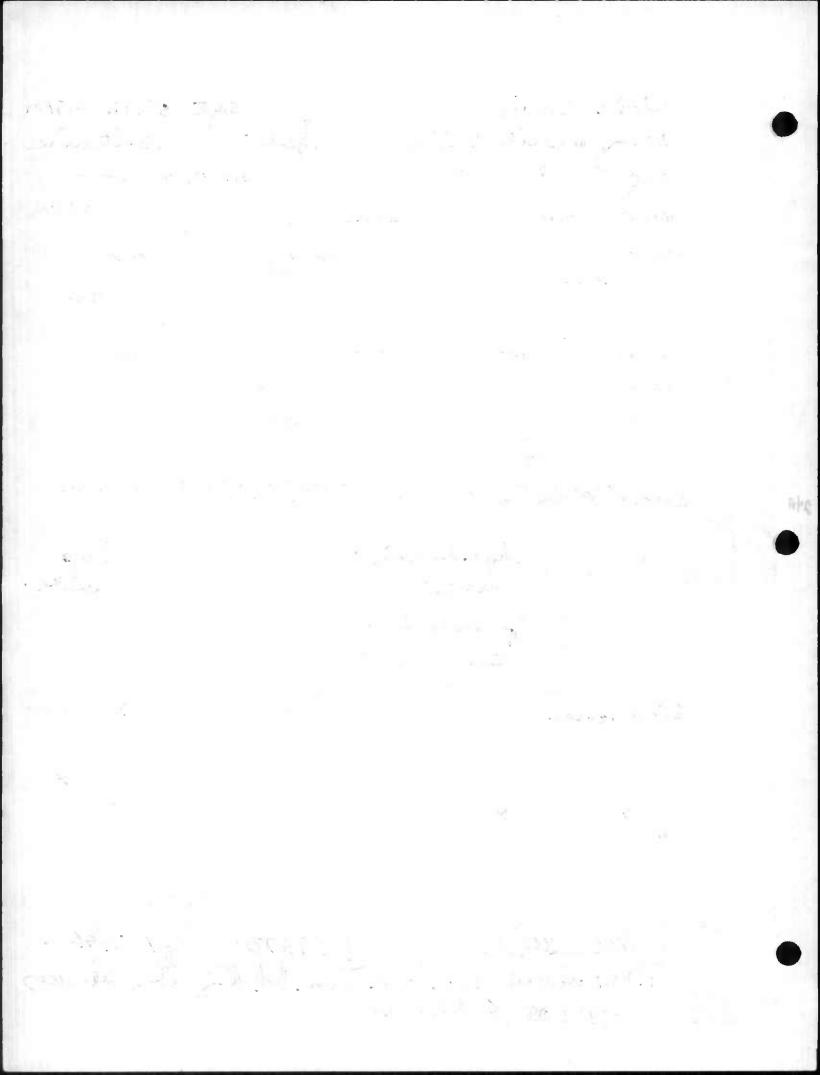
32. Registrar's Signatura

1 Certifying Physician: To the best of my knowledga, deeth occurred et the tima, data and plece, and dua to tha cause(s) and manner es steted.

2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated.

29c Licanse number

29d. Dete signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Deta of Death LEDER Month **Physician** SOLOHON 6 AT 10 /Medical 4e. Facility Nema (If not institution, giva street and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Examiner AMETIMORE 5. Social Sacurity Number If Under 1 Yaar 7. Aga (In yrs. last birthday) Funeral 9. Birthplaca (Stata or Foraign LAM 20 F 577-46-1884 Director Usual Residence of Dacadant 10a. Stata 10b. County 10c. City, Town or Location "natural", or itema 23a or 28a-f show 10d. Insida City Limits BACTIMORE Director 14 Yas 2□ No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 3914 CLARINTH RD. 21215 USA Completed by Funeral Peges 1 and 2 should be filed within 72 hours efter death nent of Health end Mental Hygiene.

Wit: If Ilem 27 Is marked other than "natural", or Itema 23 my or other freumatic event, the Mental Exercise my not other freumatic event, the Mental Exercise man 12. Wes Decadant Evar In U,S. Armed Forcas? 1 ☐ Yes 2 1 No If Yes, Giva Yaar or Datas: Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, atc.) Race - Amaricen Indian, Black, White, atc. 1 Navar Marriad 2 Married
3 Widowed 4 Divorced Bartimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: Specify: WHITE 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) BAKER FOOD 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Be **JACOB** LEDER ANNA FAITER 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Route Number, City or Town, State, Zip Coda) ABRAHAM PHILIP LEDER)SON) 2200 SIOUX DR. WESTMINSTER, MD 21157 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata ty□ Buriel 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Spacify) permit. Pege Depertment of Important: if any Injury or once. 10/25/96 SHAAREI ZION ROSEDALE, MD 21 Signature of Fungral Service Lines 22. Name and Address of Facility BROS. , INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 persons that ceusad the death. Do not antar the mode of dying, such as cerdiac or respiretory arrast, one ceusa on each line. **Physician** Medastatic carcinoma to boye, liver, Dua to (or es a consequence of): /Medical Immadiata Cause (Final 3 wouther diseasa or condition rasulting in death) Examiner Physician/Medical Examiner The lew requires that the deeth certificate be executed Sequantially list conditions, if any, leading to immadiate ceusa. Entar Underlying Cause (Disaasa or Injury that Initiated avants rasulting In daath) Lest the burial-tran Dua to (or es e consaguence of): P.O. Box 68760, Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 20 NO 1 Yes 3 Probably 4 Unknown Division of Vital Records, Be Completed by 24b. Wara autopsy findings available prior to completion of ceuse of death? 24e. Was an autopsy performed? After this certificate hes 1 □ Yes 2 □ No or Attending Physician: after death.

Director: After this certifica 25. Was cesa rafarred to medical 26. Placa of Death (Check only ona) 10 Other: 4 Nursing Homa oma 5 Rasidance 6 Other (Specify)
28d. Describe how Injury occurred 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA he Hospital or Attending Physical 24 hours after death.

The Funeral Diractor: After this pletely filled in by the funeral di 27. Manner of Beath 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Medical Certification: 28b. Tima of Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Sulcida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straet and Numbar or Rural Routa Number, City or Town, Stata) 4 \ Homicida Certifying Physicien: To tha bast of my knowledga, daath occurred at tha tima, data end place, and dua to the causa(s) and mannar as steted.

2D Medical Examiner: On tha basis of examination and/or investigation, in my opinion, deeth occurred at the tima, data and place, and dua to the ceusa(s) and manner stated. within 24 hours To the Fune completely file 29a, Certifian 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 1838 GRANT TREE 10-25-96

1838 GRANT TREE 10. 1917270 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) OROST COAN, State

Registrar

31. Deta filed (Month, Day, Yaar) NOV 15 1996

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State of Maryland / Department of Health and Mental Hygiene 34358 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Year **Physician BARBARA** LEE LOOPER 12 1996 /Medical November. 10:45 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Frederick Memorial Hospital Frederick If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dev. Year) **Funeral** Birthplece (State or Foreign Country) Months Deys Hours 1 □ M 2 1 F Yrs Director 68 446 22 6638 March 15, 1928 Oklahoma Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Carroll Mt. Airy 1 ☐ Yes 2 ☒ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4101 Baltimore Nation Pike 21771 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married l □ Yes 2√2No If Yes, Give Yeer or Detes: 1 Yes 2000 Specify þ Specify White 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housewife Home +4 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 Is marked othe any Injury or other treumatic svent, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Unknown Unknown 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pleasant View Nursing Home 4101 Baltimore Nation Pike Mt. Airy, Md. 21771 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State Carroll Cremation Service 11/15/96 Hampstead, Md. 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility Haight Funeral Home VU P.O.Box 195 Sykesville, Md. 21784 23e. Pert1. Enter the disease, or complications that caus shock, or heert failure. List only one cause in each ed the deeth. Do not enter the mode of dying, such as cardlec or respiretory errest, Approximate intervel Between Onset and Deeth Physician /Medical Immediete Cause (Final disease or condition resulting in deeth) MEUMONIA OF Examiner Due to (or es e consequence of): Examine MONTHS. LUNG Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting In deeth) Lest PULMO HAR. ORSTRUCTIVE DISFASIE HROWIC Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 X Probably 4 ☐ Unknown by 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 2 No 1 ☐ Yes 1 □ Yes 2 □ No Be 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Minpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey 27. Menner of Deeth Certification: 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 1 Waturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 ☐ Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stele) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 12. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. 29e. Certifier Medical 29b. Signature end title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) MD 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

1475

State Registrar

the Maryland

7 is marked other than "natural", or items 23e or 28e4 show treumstic svent, its Modical Examiner must be notified at

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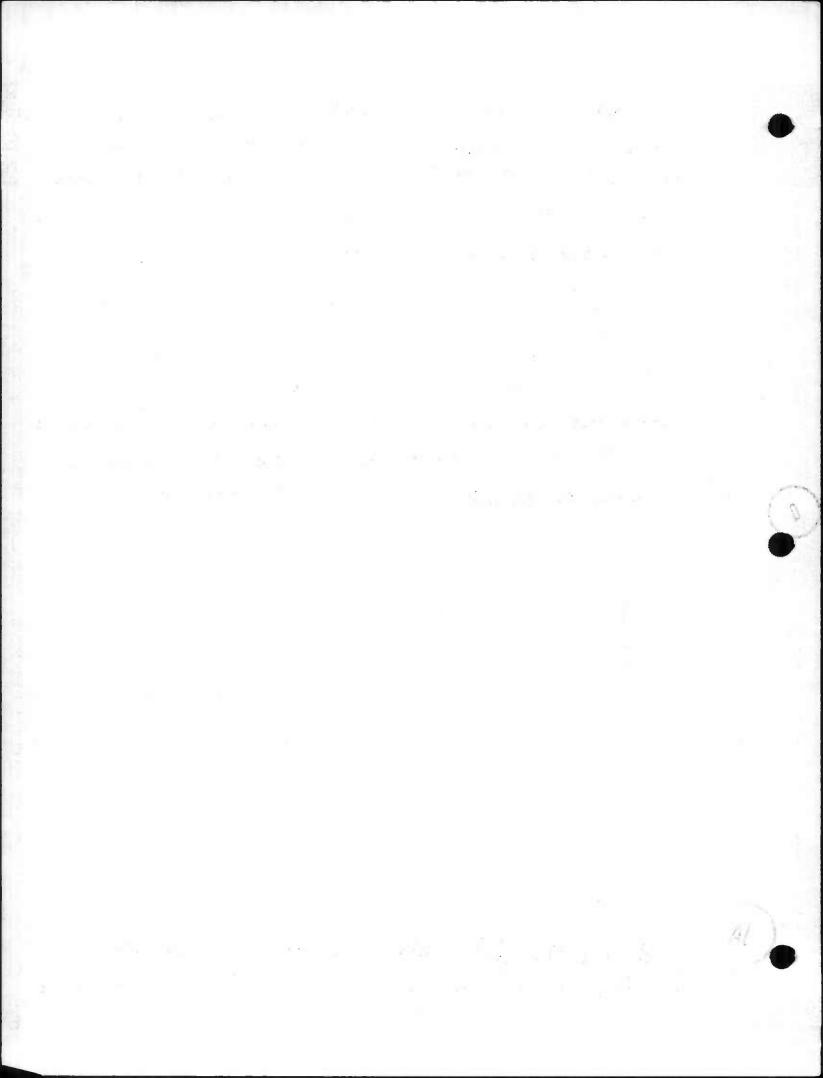
Box 68760,

Division of Vital Records, P.O.

that the death certificate be

filed within 72 hours after death with Hygiene.

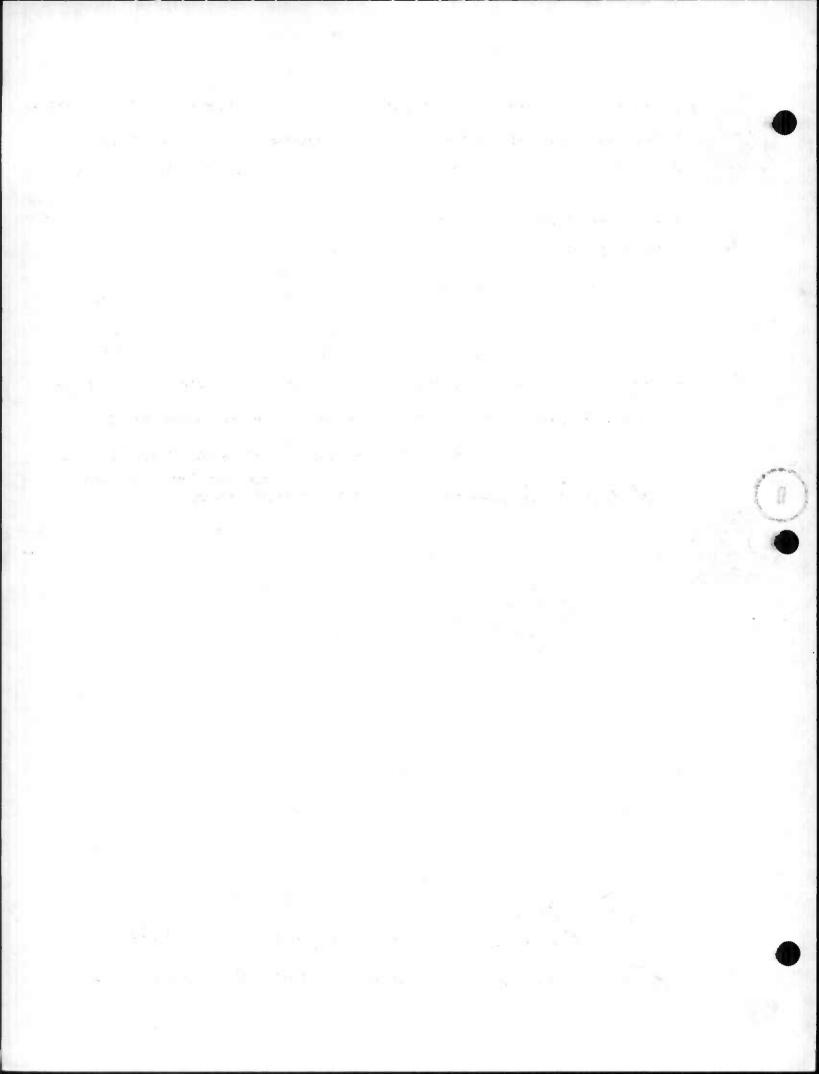
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State of Maryland / Department of Health and Mental Hygiene 96

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al or		5. Sociel Security Numb 218-12-6045		Sex 1□M 2⊠F	7. Age (7	n yrs. last birt	hdey) (rs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Birt (Month, Da Aug. 08	h Year 8	9. Birthp	plece (State or Foreign ofty) Land	
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	1	10a. Stete 10b	. County		10	Oc. City, Town	or Loc	ation						1	0d. Inside City Limits	
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	1	21. Signeture of Funerel	Servica Liper	nsee /			22.	Name en	d Addre	ess of Fecilit	y Ruc	k-Towson	Funeral	Home, I	Inc.	
١.	21. Signeture of Funerel Servica Lizensee 22. Name end Address of Fecility Ruck-Towson Funeral Home, In 1050 York Road Towson, Maryland 21204															
		23a. Part1. Enter the dis shock, or heart feil	dase, or cons	one cause on a	aused the	death. Do n	ot ente	r the mode	e of dyi	ng, such es	cardiac	or respiretory er	rest,		Approximete	
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		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events					ATTON PNEUMONIA								1 cele_	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath **Physician** Month Dorothy 13,1996 Matthew November 11:15 pm /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Bayview Medical Center N/A Baltimore If Under 1 Yaar If Undar 24 Hrs.
Months Deys Hours Min. 8. Data of Birth (Month, Day, Year) 05 21 22 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months 1□ M 2√2 F 213 16 4431 Director 74 Yrs. Maryland Usual Residence of Decedant 10a. Stata 10b. Count 10c. City, Town or Location 10d. Insida City Limits 28a-f ahow ral', or items 23s or 28s-f shore Examiner must be notified at Md. N/A Baltimore Director 1 Yas 2 □ No the 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 340 Gusryan Street 21224 USA Funerai 12. Was Decedant Evar in U,S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Ricen, atc.) 11. Maritel Status 14. Race - American Indian, Black White atc filed within 72 hours efter 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Datas: 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 natural', or 1 Yas 2 No Specify Specify: White þ 3 ☐ Widowed 4 ☐ Divorced I Hygiene. other than "natura ent, the Medical E Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiemantary/Secondary (0-12) College (1-4or 5+) At Home Housework 12 7 is marked other traumatic event, I 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnema) . Peges 1 and 2 should be filt iment of Health end Mental Hy fant: If Item 27 is marked oth jury or other traumatic even Be Leroy Phillips Mabel Cleaver 0 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, State, Zip Coda) Beverly A. Hax, Daughter 306 Imla Street Balto., Md. 21224 20b. Place of Disposition (Nama of cematary, cramatory or other place)
Holly Hills Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Crametion 3 Ramoval from Stata Depertment of important: If any Injury or 11-16-96 Middle River, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signetura of Funaral Sarvice Licensee 22. Nama and Address of Fecility Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory shock, or heart failure. List only one cause on each line. Approximata Intarvai Betwean Onset end Death **Physician** Immadiate Ceusa (Final disease or condition resulting in death) /Medical < 24 hours a Intracerebral Hemorrhage Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificate be executed the buriel-transi Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Diseasa or Injury that initiated evants rasulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medicai Dua to (or as e consequance of): use as f ettending to ed by the e Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by page 2 should Completed 24b. Wara autopsy findings evailable prior to completion of cause of death? 24a. Was en autopsy performad? peeu certificate 2 X No 1 Yas 2 No 1 Yes or Attending Physician: director. 25. Was case rafarred to medical Be 26. Pleca of Daath (Check only one) Hospital: 1 X Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No After this s efter death.

I Director: After this
of in by the luneral d 27. Menner of Deeth Certification: 28e. Deta of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury et Work? 1 Naturel 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida Location (Street end Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 T Homicida Hospital within 24 hours 1X Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner es steted.

2 Medical Examinar: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian completely (Check only one) 5 29b. Signetura end title of artifier 29c. License number 29d. Deta signed (Month, Day, Year) 0 4 14 1 47357 19691 November 14,1996 30. Nama and eddrass of person who complated causa of death (Itam 23a) (Type, Print) Johns Hopkins Bayview Medical Center RICHAMO E. CLAMERBUYK MD PhD 4940 Eastern Avenue, Baltimore, MD 31. Data filed (Month, Dey, Year)

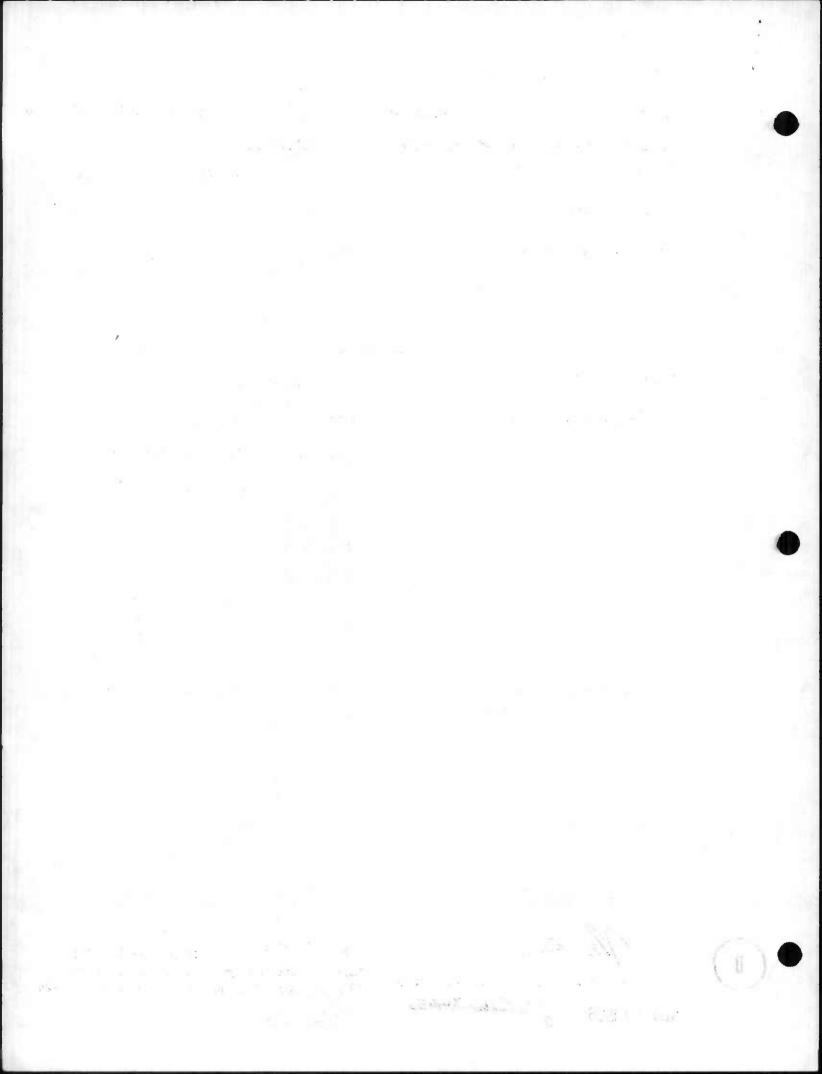
32 Registrar's Manature 2

DHMH 16 Rev 6/95

State

Registrar

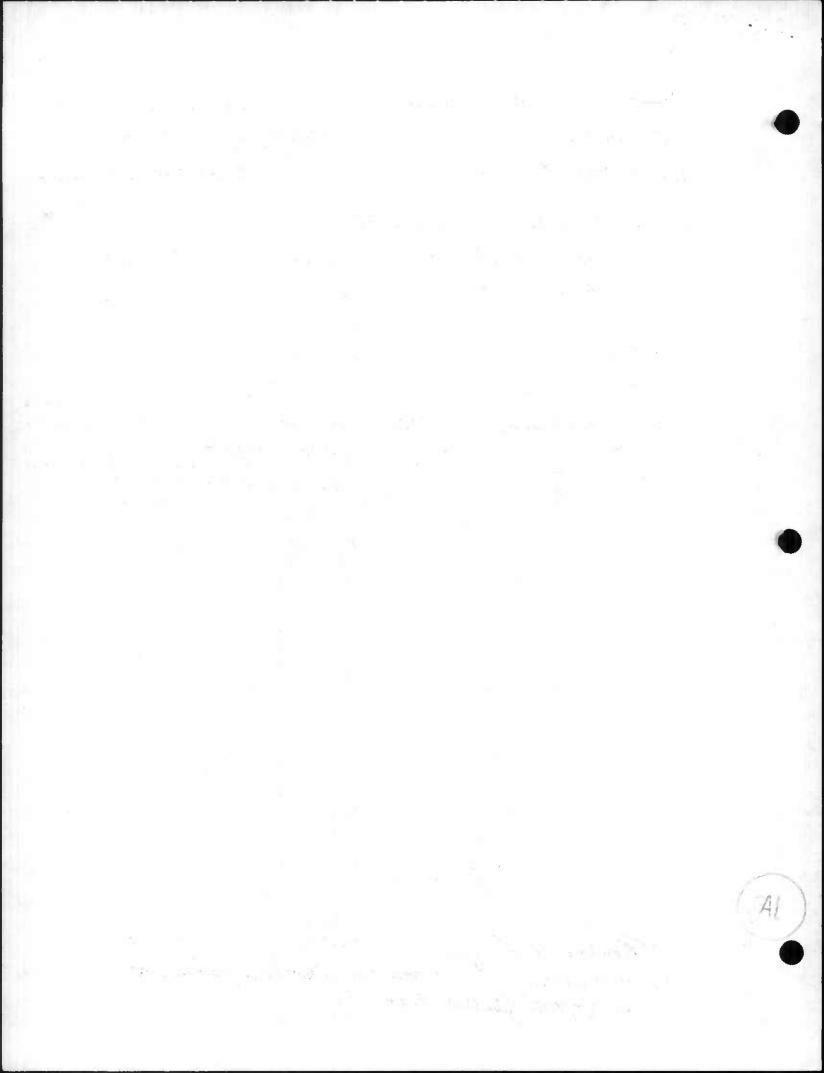
NOV 15 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 1. PER MEO FILM G-741 State of Maryland / Department of Health and Mental Hygiene 96 34361

	11,	/15	/96 t.t		Certifica	ate of D	eath	Re	ig. No.	04001		
F	hysici		1. Decedent's Neme (First, Middle, Last		ILLER			2. Dete of Deetl Month	h Dey Y	3. Time of Death		
	/Medid Examir		4a. Facility Nama (If not institution, give 1867 POOLE ROAD				City, Town, or Loc DARLINGTO	ation of Deeth	1, 1996 4c. County of HARFOI			
	ineral rector		313 28 0.148	7. Age (In yrs.	Yrs. If Unc		Hours Min.	8. Dete of Birth (Month, Day,	Year) 8 Ok	Birthplece (Steta or Foreign Country)		
Maryland	fed at	tor	Usuel Residence of Decedent 10e. State 10b. County TARLAND HARFO		ty, Town or Location					10d. Inside City Limits		
5-0020 72 hours efter death with the Maryland	23a or 28a Aut be notif	rai Director	10e. Street end Number	CHURCH RE	OAO	Zip Code	34	10	g. Citizen of Whe	it Country?		
020 urs efter de	ai', or item Examiner in	by Funerai	11. Marital Stetus 1 □ Never Married 2☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedanf Ever in U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates:		edent of Hisp becify Cuban,	anic Origin? (Spec Mexican, Puarto R Specify:	ify Yas or No- ican, etc.)		Amarican Indian, White, atc.		
d 21215-0020 filed within 72 hours ef Hygiene.	7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar trans be notified as	Completed	15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	rcation la com <i>pleted)</i> College (1-4or 5+)	16a. Decedent's Us (Giva kind of v life. DO NOT	suel Occupetion vork dona duri use retired)		g 1	6b. Kind of Busin	ess/Industry		
Maryland 4 2 should be filed th and Mental Hyg	arked other atic event,	To Be C	17. Fethar's Name (First, Middle, Last)	De.	347		B. Mothar's Name	(First, Middla, M	laiden Sumeme)			
6 7	item 27 is m other traum		19a. Informant's Name/Relationship (Ty CERALO 1 CE . M.) 20e. Method of Disposition	115 R	19b. Mailing Addra	APPS	Mumbar or Rural	4 ROAC	O 1.	nGTON, MARYLA		
0 6 =	Important: If i any injury or once.		1 ☐ Burlel 2 ☐ Cremation 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Greens	1 3	ametery cremetory of	and Address	1 Fecility	996 F	OREST 1 BURIR	TIL MARLANC		
n 88.	E & 8		23a. Pert1. Enter the disaase, or compli shock, or heert failure. List only or	ications that caused the death	13051	WPORT	- ORIVE	FORSE	THUI	Approximete Interval Batween		
/Me	ician dical niner	- De	Immediate Cause (Final diseese or condition rasulting in deeth)	a. Congress Due to (o	res e consequence o	sphys	la .			Onset end Deeth		
oo, se exacuted	pnysician end s the burief-transit	I Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse, (Disease or Injury	Due to (o	r es e consequence of	i):	64					
- E	D 0	n/Medical	that initiated events rasulting in deeth) Lest		r es a consaquenca of):						
et the	detached for use	Physician/	Pert II. Other significent conditions con	tributing to death but not resu	ulting in the undarlying	cause given i	in Pert I.		pacco use contril	bute to the cause of death? Probably 4 Unknow		
law requires t	5 2	Completed by						24a. Was en perform		4b. Were autopsy findings eveilabla prior fo completion of cause of deeth?		
lian: The la	certificate has be		25. Wes case referred to medical			26	6. Plece of Deeth (1 Yes		1 Yes 2□ No		
or Attending Physician: The law requires the following the state of th	9	Certification: To	examinar? 1D Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined	28e. Dete of Injury (Month, Day Year) 28e. Pleca of Injury - At hobuilding, etc. (Specify	ER/Outpatient 3 0 0 28b. Time of Injury ISOD HAM ome, ferm, sfreet, factor Tarm	28c. Injury et Work? 1 X Yes	2 □ No	d. Describe how	y injury occurred	Subject (slift) of or Aural Rouse Number, thouse Road		
Now Hou	pletely file	edicai	29a. Certifier (Check only one) 1 Certifying Phys	ilclan: To the best of my knowner: On the basis of exeminet end menner stated.	wiedge, death occurre	d et the time, on, in my opinion	dete end pleca, en on, deeth occurred	d due to the cer	ise(s) and manne	or as stated		
P	000	Σ	29b. Signature and fittle of certifier Messlow	1. King un		O.C.I		29		ete signed (Month, Dey, Year) DV. 12, 1996		
			30. Name and address of person who con	ing 1	11 Penn St	reet,	Baltimore	e, Mary	Land 212	01		
	Stat	e	31. Dete filed (Month, Day, Year)	16/ 33/ Regulating's Signet	N-Rarball							



State of Maryland / Department of Health and Mental Hygiene 34362 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 12:30 am (see /Medicai 4e. Fecility Neme (If not institution, give street end number) City, Town, or Location of Deeth 4c. County of Deeth Examiner If Under 24 Hrs. If Under 1 Year 5. Social Security Number 6. Sex 9. Birthplece (State or Foreign **Funeral** Months Deys 219-52-28 Hours **Director** MARYLAND Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 28a-f show 10d. inside City Limits XXYes 2 No r than "natural", or itams 23a or 28a-f si the Medical Examiner must be notified Director MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 2425 LINDEN AVENUE 1st Floor Funeral 21217 U.S.A. Itams 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. Pages 1 and 2 should be filed within 72 hours after MYNever Married 2 ☐ Married 1 Yes 2 No nore, Maryland 21215-0020 Black 1 ☐ Yes 2/□ No Specify. þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12yrs Laborer Construction 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be if Health and Mantal Item 27 is marked o Robert D. McGee, Sr 0 Beatrice McGee 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21217 Cathy Barnes/Sister 2425 Linden Avenue 1st Fl. Baltimore, Maryland other 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial XX Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) METRO CREMATORY BALTIMORE, MARYLAND 11 - 1521. Signeture of Funerel Service Licenses 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Pert1. Enter the disease, or compileations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner 720 The lew requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest burial-tran Due to (or es e consequence of) Box 68760. physician Physician/Medical Due to (or es e consequence of): signed by the e Pert II. Other algnfficant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? has this certificata 1 ☐ Yes 2 ☐ No Attanding Physician: director, 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital Other: Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3□ DOA Hursing Home 5 Residence 6 Other (Specify) surs effer deeth.

neral Director: After th' 28e. Dete of Injury (Month, Day Year) funerei 27. Menner of Deeth 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital within 24 hours or To the Funeral Completely filled Hospital 24 hours e Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) and menner steted. edical 29a. Certifier (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signeture end title of confid 30. Name and address/o

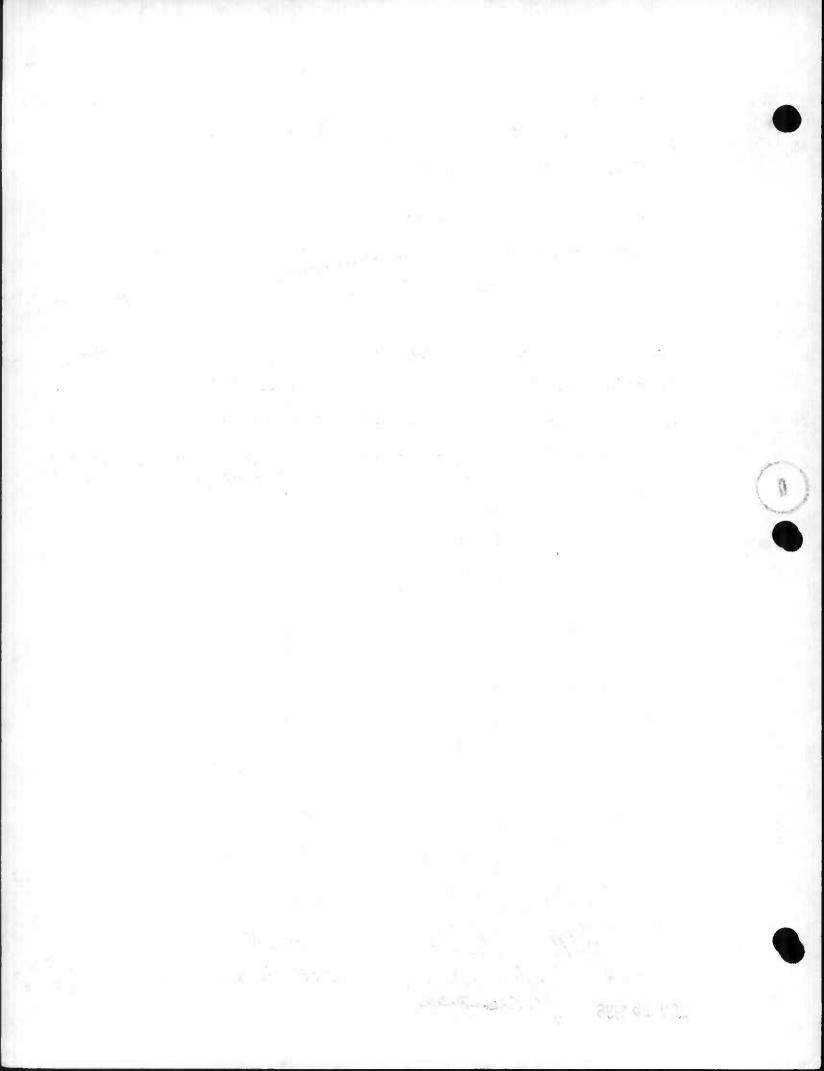
DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

NOV 15 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Date of Death

34363

10d. inside City Limits

Unknown

Approximate Interval Betwaen Onset and Death

24b. Were autopsy findings available prior to completion of cause of death?

ty Yes 2 □ No

Physician
/Medical
Examiner

1996 12:26 A

Funeral Director

death with tha Manyland items 23a or 28a-f show the Medical Examiner must be notified at 6

Pagas 1 and 2 should be filed within 72 hours aftar nent of Haalth and Mental Hygiana.
int: If item 27 is marked other than "natural", or ite other traumetic permit. Pagas I Dapartment of H Important: If ite any injury or ot once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

The law requires that the death certificate be executed bunal-transit Bud P.O. Box 68760, attanding physician tha 88 5 signed b Records, by Be Completed peen ata has page 2 : cartificata sion of Vital inding Physician: ٩ this Certification: Affar ! ò Medical

25. Was case referred to medical

 Decedent's Name (First, Middle, Last)
 ASCANIO MARCONI Τ. Month Day 14 NOV 4b. City, Town, or Location of Death BALTIMORE 4a. Facility Name (If not institution, give straat and numbar) 4c. County of Death PARKSIDE AVE 4316 N/A 5. Social Sacurity Number If Under 1 Year | if Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Birthplaca (Stata or Foreign Country) 1**X** M 2□ F Months Days Hours 212-07-0989 Yrs. 9, Nov. 1919 Maryland Usual Residence of Decadent 10a State 10b. County 10c. City. Town or Location Maryland N/A Baltimore City Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4316 Parkside Drive 21206 U.S.A. Funeral 11 Marital Status 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1⊠Yas 2□No if Yes. Giva 1 1 Navar Married 2 X Married if Yes, Giva 1/30/42-Year or Dates: 10/29/45 on 10/29/45 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Self Employed 10th Grade Shoe Repair 17. Father's Name (First, Middle, Last) Be 18. Mother's Nama (First, Middle, Maiden Sumama) Diego Unknown 2 Marconi Annuciata Unknown 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Roselyn C. Marconi / Wife 4316 Parkside Drive, Baltimore, Maryland 21206 20b. Place of Disposition (Name of cametery, cremetory or other place) 11/16/96 Date 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Sacred Heart of Jesus Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signatura of Funeral Service Licensee John C. Miller, Inc. 23a. Fant 1. Enter the disease, or complications that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on pach line. 6415 Belair Road, Baltimore, Maryland 21206 Immediate Cause (Final Arteriosclerotic Cardiovascular Disease disease or condition resulting in deeth) Due to (or as e consequence of): Examiner Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequenca of): Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

INSPECTION 1 ☐ Yes 22 No 26. Place of Death (Check only one)

1 Yes 2 No Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work?

1XXVaturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be 3 ☐ Sulcide

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and titla of certifier

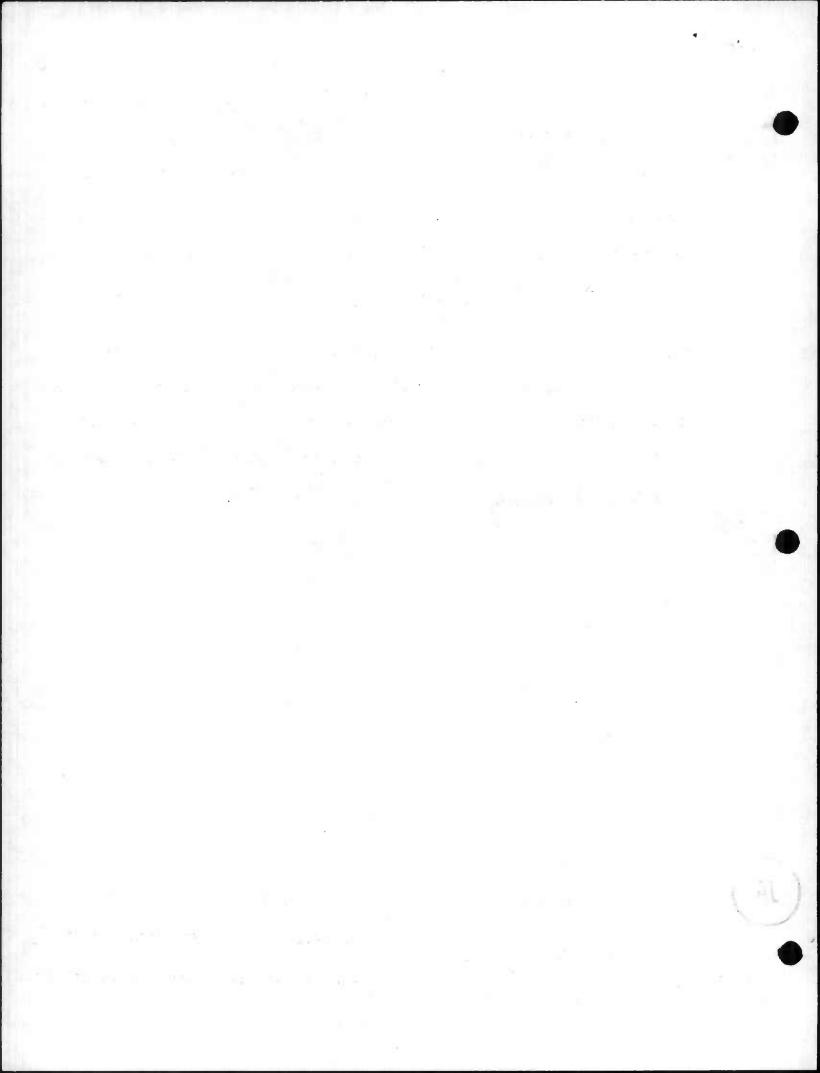
29c. Licensa number O.C.M.E

29d. Data signed (Month, Day, Year) NOVEMBER 14, 1996

od chuse of death (Item 23a) (Type, Print) 30. Name and address of person who

111 Penn Street, Baltimore, Maryland 21201 THEODURE

State Registrar 32 Registrars Signature



State of Maryland / Department of Health and Mental Hygiene

34364

						Certificate	of of	Death		R	leg. No.	0	0 4000
	NE		1. Decedent's Name (First, Middle, La	st)						2. Defe of Dee	th		3. Time of Death
l l	Physici		MELVIN F.	MYERS. JR						Month NOVEMBE	Dey	Year 1006	11:39 P
	/Medic		4a. Facility Neme (If not institution, give		•			4b. City. Tow	vn. or Lo	cation of Deeth	4c. Count		11.39 [
450	Examir	ıer											
	U.S.		NORTH ARUNDEL HO			hday) If Under 1	1 Vans			BURNIE			RUNDEL
	uneral		5. Social Security Number 6. 5	Sex 7. Age (in IDXM 2□ F	yrs. lest birti	Months	Deys		Min.	8. Dete of Birth (Month, Dey FEB. 4,	Year)	Coun	plece (Stete or Foreig
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5	2 2	Director	10e. Streef end Number			10f. Zip (Code			1	0g. Citizen of	Whet Coun	itry?
*	23a		314 CHURCH CIRC	LE			210	090			U.S	. A.	
daa	2 5	Funeral	11. Merifei Sfefus	12. Was Decedent Ever	in U,S.	13. Was Decede			In? (Spi	ecify Yes or No-		e - Americ	
ofter	2	E	1 ☐ Never Merried 2 🕅 Married	Armed Forces? 1 XYes 2 No	1945-				Puerto	Hican, etc.)	Ble	ck, Whife,	efc.
21215-0020 d within 72 hours after death with the Maryland giene.	2.1	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:	1949	1 ☐ Yes 2	LXNo	Specify:			Specif	y: ,	WHITE
9 2	E G	8	15. Decedent's Ed	ducation	16a.	Decedent's Usuel	Occui	pation			16b. Kind of B		
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es 1	r off		20e. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3 ☐		Ob. Plece of cemeters	Disposition (Nemo	e of her ple	ca)	NIC	Dete	20c. Location	- City or To	wn, Stete
Pagas Pagas	iry o		4 □ Donetion 5 □ Other (Specif		LOUDON	N PARK CH	EME'	TERY	146	1996	BALT	IMORE	, MARYLAN
altimore,	Important: If item 2 any injury or other once.		21. Signeture of Funeral Service Licar	7.5.1		22. Name end			,				
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			23a Part I Enter the disease or 700	nijections that accord the	dooth Doo							MARY	LAND 2122
			23e. Pert1. Enter the disease, or com shock, or heert feilure. List only	one ceuse on each line.	deeth. Do n	of enter the mode	or dyl	ng, such es c	Sarolec	or respiretory err	est,		Approximete Intervel Between
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To With	289	~	29b. Signature and title of certifier) M				se number			9d. Dete sign	d (Month,	Dey, Year)
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1	1/1	ľ	30. Name and address of person who	completed cause of deeth	(Item 23a) (1	Гуре, Print)	0.		Α.	0 24	14)	/	
7	V		Mercy Hospital	: 30) St Pau	1 Pla	ce le	为什	imore	14.	D 212	100		
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DHMH 16 Rev 6/95

NOV 15 1996

State of Maryland / Department of Health and Mental Hygiene 34365 Certificate of Death 2. Dete of Deeth 3 Time of Death Month HOWIARD MODRE 07:15 AM NOVEMBER 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE HOSPITAL CENTER BALTIMORE CIT | Hunder 1 Year | Hunder 24 Hrs. | B. Date of Birth (Month, Day, Dec 06 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1906 1 1 M 2 □ F 95 Yes Maryland 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yes 2 ☒ No 10f. Zip Code 10g. Citizen of Whet Country? 21228 USA Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ⊠Yes 2 □ No
If Yes, Give
Yeer or Dates: WWII 1 ☐ Yes 2 ☐XNo Specify: White

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health end Mantal Hygiene.

The Third 27 is marked other than "naturel", or items 23e or 28e-f show any or other trannatic event, the Mandal Experient may be notified at 7 is marked other than "naturel", or items 23s or 28s-f show traumatic svent, the Medical Examiner trust be notified at Director Completed by Funeral

Bartimore, Maryland 21215-0020

Physician

/Medical

Examiner

Funeral

Director

1. Decedent's Neme (First, Middle, Lest)

6. Sex

CHARLES

HARBOR.

5. Sociel Security Number

213-03-5716

Physician /Medical **Examiner**

use as the burial-transit and physicien been signed by the e should be detached f After this certificate has spital or Attending Physhours efter death.
neral Director: After this y filled in by the funeral di

The law requires that the death certificete be executed

Box 68760,

P.0.

Records,

Division of Vital Attending Physician:

Department or Important: If any injury or stice. Physician/Medical Examiner Š Be Completed 2 Medical Certification: To the Hospital o within 24 hours eff To the Funeral Di completely filled in

Usuel Residence of Decedent 10e Stete 10b. County Baltimore Maryland 10e. Street end Number 2200 Pleasant Villa Avenue 12. Wes Decedent Ever in U,S. Armed Forces? 1 X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementery/Secondary (0-12) Cotlege (1-4or 5+) chauffer Hospital 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Nettie Sedicum James Walter Moore 19e. informent'e Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) George A. Moore / brother #6 West Spring St, Alexandria VA 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Sykesville, MD Lakeview Memorial Park 11/13 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 23a. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Immediete Ceuse (Finet diseese or condition resulting in death) SHOCK SEPTICEMIA SEPTIC Due to (or es e consequence of): ASPIRATION PNECLMONIA Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown CHRONIC PULMONARY OBSTRUCTIVE DISEASE 24e. Wes an autopsy performed? 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☑ No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 5 Pending investigetion 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, end due to the cause(s) end manner stated. 29b. Signeture end title of certifier 29c. License number RESIDENT 2441614 -39

28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

2 No

29d. Date signed (Month, Day, Year)

INTERNAL MEDICINE

NOVEMBER

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) THU DR WIN MIN HARBOR HUSPITAL CENTER 3001 SOUTH BALTIMORE

HANOVER STREET MD 21225

1996

Approximete Intervel Between Onset end Death

1 DAY

24b. Were autopsy findings eveileble prior to completion of ceuse of deeth?

1 ☐ Yes 2 ☐ No

1 DAV

31. Dete tiled (Month, Day, Year) State Registrar



Jame .

George

- 24

34366 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** Baltin If Under 24 Hrs. nore 5. Social Security Number 6. Sex 100 M 2□ F If Under 1 Year 7. Age (In yrs. last birthdey) Funeral Birthplece (State or Foreign
 Dountry) 216 Months Deys Yrs. Director Usual Residence of Decedent Peges 1 end 2 should be filed within 72 hours efter death with the Maryland neal of Health end Mentel Hygiene.
nati. If Item 221 en marked other than "natural", or items 23s or 28s-f show any or other training required to the training the profiled at any or other training to event, or Medical Experiment may be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits **Funeral Director** Yes 2 No aryland imore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 12. Was Decedent Ever In U,S. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritat Stetus Armed Forces?

1 X Yes 2 No
If Yes, Give 1 ☐ Never Merried 2 Married more, Maryland 21215-0020 1□ Yes 2 No Specify: Be Completed by 3 ☐ Widowed 4 ☐ Divorced Year or Dates: American ttrican 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa ratingd) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Collega (1-4or 5+) 10 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) 20 phus 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, 0 20b. Ptece of Disposition (Name of certifiery, crematory or other 20a. Method of Disposition Date 1 Buriat 2 □ Cremation 3 Removel from State Department of Important: If eny injury or 4 ☐ Donetlon 5 ☐ Other (Specify) ationa 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility W. North Joseph e, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Causa (Finet months diseese or condition resulting in deeth) Examiner es e consequence of): Physician/Medical Examiner The lew requires that the death certificate be executed buriel-trensit Sequentielly tist conditions, if eny, teeding to immediate cause. Entar Underlying Ceusa (Disease or trijury that Initieted avants resulting in death) Lest end Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequenca of): Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contributs to the cause of death? 1 XYes 2 No 3 Probably 4 Unknown nemic director, page 2 should be Be Completed 24b. Were eutopsy findings eveileble prior to completion of cause of daath? 24a. Wes en eutopsy performed? After this certificate hes 2 X NO 1 TYes 1 ☐ Yes 2 No or Attending Physician: 25. Wes case referred to medical 26. Place of Deeth (Check only ona) 2 1 Yes 2 No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA iours efter death.

neral Director: After this of filled in by the funeral di 27. Mannar of Deeth 28e. Dete of tnjury (Month, Dey Year) 28b. Time of 28d. Describe how tnjury occurred Certification: 28c. tnjury et Work? 5 Pending invastigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be datamined 3 Suicide 28e. Placa of tnjury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida To the Hospital o within 24 hours of To the Funeral Di completely filled is Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner as steted.

Medical Examiner: On the best of axaminetion end/or invastigation, in my opinion, death occurred et the time, data and plece, end due to the cause(s) end menner steted. Medical 29e. Certifier (Check only 29b. Signature and 29c. License number 29d. Date signed (Month, Dey, Year) ovember BA H.D. SAINT AGNES HOSPITAL, POO CATON AVE, BALTIMORE, MD, 21229 and eddress of person who completed cause of daeth (ttam 23a) (Type, Print)

DHMH 16 Rev 6/95

State Registrar

KASZUBA

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					State of	viaiyiai		tificate of	nealth and f Death	ivientai n	ygierie Reg. No.	36	34367
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DHMH 16 Rev 6/95

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Maryland	2 sho		19a. Informant's Neme/Relationsh	nip (Type, Print)			19b. Mailin	g Addres	ss (Street	end Number or F	Rural Route Num	ber, City o	or Town, Sta	te, Zip	Code)	
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ore	ges 1 and 2 should t of Heaith end Mer if Item 27 Is marks or other traumatic		20a. Method of Disposition	• 	0	20b. Pl	ace of Dispo	sition (Na	ame of other pla	ce)	Date	20c. Lo	ocation - Cit	y or To	wn, State	
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š	The law ate has page 2	dm	d E											of c	death?	
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of Vital	iclan: certific rector,	Be	exeminer?							hor:	eath (Check only				Assi	15 961
to	Physical distriction of the control	. To	1 Inpatient 2 EH/Outpatient 3 X DOA 4 Nursi							4 Livursing	ursing Home 5 Residence 6 DiOther (Specify)					
-5	Wer	io.	27. Manner of Death 1 Natural 5 □ Pending	28a. Dai (Mo	onth, Da	y Year)	28b. Time of Injury		28c. inju Wo		28d. Describe	e now inju	ry occurred			
sig	100	ertification:	2 Accident investign 3 Suicide 6 Could no	ot be				М		Yes 2□No						
MISI	or Att	F	4 Homicide determine	ned 286. Pla	ca of Inj Iding, et	ury - At hor c. (Specify,	me, farm, stre)	eet, fecto	ry, office		28f. Location City or T	(Street and own, State		or Aura	Route Num	Der,
17	7 - 2	9														

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated.

29d. Date signed (Month, Dey, Year)

- 900 CATON AUE-BALTO, Mc 21229

Registrar

29a. Certifier (Check only one)

29b. Signature and May of ceptifie

30. Name and address of person who completed cause of seeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95

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			State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 96 34369	
	Physic /Medi		1. Decedant's Name (First, Middle, Last) 1HOMAS SEFFERSON PERRY Sr. 2. Data of Daeth Month Dey Yaar NOV 11 1996 1215	
	Examil Funeral Director		4b. City, Town, or Location of Death St. Agnes Hospital 5. Social Sacurity Number 1 N/A 6. Sax 1 N/A 7. Aga (In yrs. last birthday) 1 N/A 6. Sax 7. Aga (In yrs. last birthday) 1 N/A 6. Sax 1 N/A 6. Days 6. Days 6. Days 6. Days 7. Aga (In yrs. last birthday) 8. Days 8. Data of Birth 8. Days 9. Birthplace (Stata or Foraig Country) 1 N/A 8. Days 1 N/A 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 1 N/A 8. Days 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 1 N/A 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 1 N/A 8. Days 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 8. Days 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 8. Days 9. Birthplace (Stata or Foraig Country) 9. Birthplace (Stata or Foraig Country) 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 9. Birthplace (Stata or Foraig Country) 8. Days 9. Birthplace (Stata or Foraig Country) 9. Birthplace (Stata or Foraig Country)	gn
	D	or	Usual Rasidance of Dacedent July 10,1930 Kentucky 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limit Maryland N/A Baltimore ₩XYas 2□N	
	h with the h	al Director	10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2158 Whistler Ave 21230 U.S.A.	
20	72 hours after death with the Maryland "natural", or items 23a or 28a-f show ad call Examiner must be notified at	by Funeral	11. Maritel Status 12. Was Decedent Ever in U.S. Armed Forcas? 1 Navar Married 2 Married 1 Navar Married 2 Married 1 Navar Married 2 Navar Married 2 Navar Married 1 Navar Married 2 Navar	
21215-0020	within 72 hour iens. than "natural the Med cal Ex	Completed b	15. Dacedant's Educetion (Spacify only highast grade complated) Elementary/Secondary (0-12) College (1-4or 5+) 15. Dacedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry	
Maryland 2	be filed ntal Hygi of other event, t	To Be Co	6th Grade Shop Stewart Steel Work 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) George W. Perry Sr. Velvia Bartley	
	l end 2 shr taalth and m 27 is m her trsum		19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Thomas J. Perry Jr. / Son 2158 Whistler Ave, Baltimore, Md 21230 20a. Mathod of Disposition 20b. Place of Disposition (Name of Data 20c. Location - City or Town, Stata)	
altimore,	it. Pages rtment of rtant: if It		1 Burlal 2 Deramation 3 Ramoval from Stata 4 Donetion 5 Other (Specify) Metro Crematory Inc 11/13/96 Baltimore, Maryland 21. Signature of Funaral Service Ligansaa 22. Nama and Addrass of Facility	_
	Depa impo impo any ii		Gonce Funeral Home p.a. 4001 Ritchie Highway Baltimore, Md 21225 23a. Parti. Enter the disease of complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between	
	Physician /Medical Examiner	100	Immediata Cause (Final disease or condition resulting in death) Due to (or as a consequence of):	
Box 68760,	deeth certificate be assouted e ettanding physician end d for use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying Cause (Dissess or Injury that Initiated avants rasulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of): Due to (or as e consequence of):	,
P.O.	hat the c	/ Physician/M	Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death Ves 2 No 3 Probably 4 Unknown	
ecords,	aw requir as been s 2 should	Completed by	24a. Was an autopsy performad? 24b. Wera autopsy findings available prior to completion of ceusa of death?	
Vital Record	ician: Th certificate rector, pag	Be	25. Was case referred to medical examiner? 26. Pleca of Daath (Check only ona) Hospital: A Day Other: A Day Other: A Day Other: A Day Other (Specific)	
Division of	Jing Ph h. After thi funerel	Certification: To	27. Magner of Death 28a. Date of Injury 28b. Time of Injury 28c. Injury 28d. Dascribe how Injury occurred 28d. Dascribe how Inju	
Divi			Homicide 281. Location (Street and Number of Hural Houte Number, City or Town, State) 282. Continue 283. Location (Street and Number of Hural Houte Number, City or Town, State)	
	To the Hospital or within 24 hours after To the Funeral Dir complately filled in	Medical	2 Medical Examiner: On the basis of examphetion and/or investigation, in my opinion, deeth occurred et tha tima, data and pieca, and dua to the ceusa(s) 29c. Licansa number 29d. Dete signed (Month, Day, Year)	
)			30. Name and address of person who completed cause of death (tent) 23e) (Type, Print) DIANA TO PRINT SUPPLY SUPPL)
	Sta Registr		NOV 15 1996 A Landson-Rendered	

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SECT OF EACH

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Sherman Ε. Pruett November 13 1996 7:10 P.M. /Medical 4a. Facility Nama (If not institution, giva street end numbar) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 44 W. Talbott Street Baltimore N/A H Under 24 Hrs. 8. Date of Birth (Month, Day, Yeer) May 6, 1938 5. Social Security Number If Undar 1 Yaar 7. Age (In yrs. lest birthday) **Funeral** Birthplace (State or Foreign Country) Days 1 XM 2 ☐ F 58 230 48 0315 Yrs. Director Virgînia Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits an "natural", or items 23a or 28a-f show Medical Examiner must be notified at Director 1 XYes 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 44 W. Talbott Street 21225 U.S. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 or Yes 2 □ No If Yes, Give Yaar or Dates: 1956—1962 1 Never Marriad 25 Married 1 ☐ Yes 2 ☐XNo Specify: by 3 Widowed 4 Divorced Specify: White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry (Specify only highest greda completed) Pages 1 and 2 should be filed within ment of Health and Mental Hygiene. ant. If item 27 is merked other than ' ury or other traumatic event, ma Ma Elementary/Secondary (0-12) Collaga (1-4or 5+) Maintenance Engineer 11th Sears Department Store 17. Father's Name (First, Middla, Lest) 18. Mother's Name (First, Middla, Maiden Sumama) Be Mattie B. Riley Anthony W. Pruett 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 44 W. Talbott Street Judith Pruett wife Baltimore, Maryland 21225 20a. Method of Disposition 20b. Place of Disposition (Neme of cematery, cremetory or other plece) Date 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from State Glen Haven Memorial Park 11/16/96 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 granurousk nor occuplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and only one cause on each line. Physician Immadiate Cause (Final disease or condition resulting in death) (ancino ma Zoms Examiner Due to (or as a consequence of): Examiner burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Physician/Medical the Due to (or as a consequence of) USB as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 8 Completed 24b. Were autopsy findings available prior to complation of cause of death? page 2 should 24a. Was an autopsy performed? 2 NO 1 Tyes 2 No. spital or Attending Physicien: Theors after death.
neral Director: After this certificate filled in by the funeral director, pa Be 25. Was case referred to medical 26. Place of Death (Chack only one) 2 1 Yes 2 No Othar: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death Certification: 28a. Date of Injury (Month, Dey Yaar) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding Investigation 1 TYes 2 □ No 2 Accident 6 Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours at To the Funeral D completely filled in Medical 29a. Certifiar 🔀 Certifying Physicien: To the best of my knowledge, death occurrad at the tima, data and place, and due to tha causa(s) and manner as statad. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) ew. Thorn poor 02284-2

Griehn Bldg, Suite 405, 3001 S. Hamover St., Batto. Md. 21225

State Registrar

filed within 72 hours after

21215-0020

timore, Maryland

The law requires that the death certificate be executed

P.O. Box 68760.

Records.

Division of Vital

pue

signed by

this certificate

Svew. Thorapson M) Date filed (Month, Dey, Yeer) 0V 15 1996

30. Nama and address of person who completed causa of death (Item 23a) (Typa, Print)

10.

32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene

						Cer	tifica	te of	Death		Reg. I	No.	96	يا ل	3/1
Dharai	.,	1. Decedant's Name (First,	Middla, Las	t)						2. Data of I	Death		Warr	3. Tin	na of Death
Physic /Med Exam	lical	William Al 4a. Facility Nama (If not inst							4b. City, Town, or	Month NCV Location of Dec	l		Yaar 996 y of Death	-	73°PN
		2310 Weather	v \/O n e	RA.					PARKVILLE			Balti			
p Funera		5. Social Sacurity Number 213-18-7784	6. Se		ige (In yrs. la 74	ast birthday) Yrs.	If Unda Months	r 1 Year Days	If Under 24 Hrs Hours Min	s. 8. Date of E	Birth Day, Yes	ar)			ete or Foraig
pur *		Usual Rasidanca of Daceda 10a. Stata 10b. Co			10c City	, Town or Loc	antion								
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filed within 72 hours efter death with the Manyland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Macical Evanties must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 ☑ 3 □ Widowad 4 □ Divo		12. Was Decedant Armed Forcas 1 ☑ Yas 2 ☐ If Yas, Giva Yeer or Datas:	? I No	1			lispanic Origin? (: en, Maxican, Pua Specify:	Spacify Yes or i rto Rican, atc.)	NO-		ca - Amarica ick, Whita, e	etc.	1,
pemit. Pages 1 and 2 should be filed within 72 hours eft bepartment of Heelth and Mental hygiene. mportant: if item 27 is marked other than "natural", or nny injury or other traumatic event, the Medical Evan Dice.	Completed	15. Dao	edant's Edu	ucation	(1 32	16a. Deced	ant's Usu	al Occup	ation		16b.	Kind of B	usinass/Ind	-	
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1 end 2 Health em 27 I		PATTY BURNS	davo	hter		2712 N	Man	hatt:	an Ave	BALTI	MORE	Md.	21219	5	
of Heeli Item 2		20e. Mathod of Disposition			00	ace of Dispos	sition (Na.	ma of		Data NGV \			- City or Tov		a
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교 된 원 등		21. Signatura of Funerel Sar	vice Licens	aa n	01.				ss of Facility	1774	DAI	- i i i i i	ne in	· U .	
Depa Impo		Danie	00	1								4 . 0	,		
_		23a, Part 1. Enter the disease shock, or heart failure.	e or come	cations that cause	d the death	Do not ente	ANS (hape	1 at Memor	IES 880	iello:	tord K	d .	Approxi	mete
Physician		shock, or heart failura.	List only o	da causa on each l	lina.	DO HOL WING	1101110	ad or dyn	ig, soon as cardio	io or raspiratory	ariest,			Intervel	Batwean and Death
/Medicai	_	Immediate Cause (Final													
Examiner	н	disaasa or condition resulting in daath)	2	e									1	S	MOJ
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eeth certificate be executed ettending physician and for use as the burial-transit		Causa (Disaase or Injury that initiated evants	<	c	D 1111 127								- 1		
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certificate be executed nding physician and use as the burial-transit	2			d									1		
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law requires that the es been signed by the 2 should be detech										19	Yes	2□ No	3 Prob	ably 4	4 🗌 Unkno
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After funer	ii o	27. Mannar of Deeth 1 Naturel 5 □ Pa	inding	28a. Deta of Inju	ay Year)	28b. Tima of Injury	2	28c. Injun Worl	y at k?	28d. Dascribe	how in	ury occur	red		
Attending Physician: or deeth. octor: After this certific by the funeral director,	Certification:	2 Accident inv	estigation ould not be				М	1 🗆	Yas 2 □ No						
offer d Direct In by	듣	3 ☐ Suicida 6 ☐ Co 4 ☐ Homicide da	tarmined	28a. Placa of In building, at	jury - At hom lc. (Specify)	ne, farm, stra	at, factory	y, offica		28f. Location City or To	(Streat own, Sta	and Numb ta)	per or Rural	Routa A	lumber,
or the Funeral Dir.															
ely fi	edicai	29a. Cartifier 1 Cert (Check only 2 Mad	Ifying Physical Examin	ician: To the bast ner: On the basis o	of my knowl	ledge, death	occurred	at the tim	na, data and plece	e, and dua to the	a ceusa(s) and ma	annar as sta	ited.	20(0)
P edi	Pe	one)		and mennar st	ated.	and and	saugation	, at they of	Difficit, death occi	Jirad at trie tima	i, data ai	no piaca,	and due to	ma caus	ia(s)
5 5 P	×	29b. Signatura and title of cer	rtifiar	1			290		a numbar		29d. D		d (Month, D		r)
		1 6 1	(10	7			0	2773	0		11/	14/96	,	
		30. Neme and address of per	son who co	mplated cause of c	deeth (Itam 2	23a) (Type, P	rint)						- / -		
		- 6 0						~ NA	4 212011						
St	ate	31. Data filed (Month, Day, Y		p 32 Registr	rar's Signatu	ra	UNCI	0, 14	N. LILUY						
Sta Regist	ate	DR. Gory Cohen 31. Data filed (Month, Day, Y		32 Registr	Charle rar's Signatur	sst.	BALT	0. M	d. 21204						

RETZER

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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

5:20 p.m

2. Date of Death

NOVEMBER 11, 1996

°	Exami	ner	4a. Facility Neme (If not instituti GREATER BALTIM			ER				own, or L VSON	ocation of Death	10.000	y of Death	
	Funeral Director		5. Social Security Number 524 40 0184	6. Sex 1 ☐ M 2 ☑ F	7. Age (In yrs	e. lest birthday) Yrs.	If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De		9. Birth Cou	nplace (State or Foreign intry) MICH QAM
	death with the Maryland ms 23s or 28s-f show	Director	Usual Residence of Decedent 10a. Stete 10b. Count Mayland 10e. Street and Number	ty	10c. C	BALL	ocation					10g. Citizen of	What Cou	10d. Inside City Llmits 1 ☑ Yes 2 ☐ No
	th with	al Di		linham C	truo				1210			rog. Calzon or	USA	
5-0020	or Ite	by Funeral	11. Marital Status 1 Never Married 2 Ma 3 Widowed 4 Divorca	Armed F	cedent Ever in lorces? 2. No live Dates:		Was Deced If Yes, spec	cify Cub	an, Mexica	n, Puerto	pecify Yes or No Rican, etc.)		ck, White	ican Indien, , etc.
2121	d within 72 jiena. r than "naf	Completed	15. Decede (Specify only high Elementary/Secondery (0-12) 12	ent's Education est grede completed College	(1-4or 5+)	16a. Dece (Give life.	dent's Usue kind of wo DO NOT us HOUSE	0"		st of worl	king	16b. Kind of B		
and	ould be filed Mental Hygi arked other atic event, II	Be	17. Father's Name (First, Middle Theron G	rover te	mAns						rude B		ne) Brigh	note
, Maryland	nd 2 sho alth and 27 Is m	To	19e. Informant's Name/Relation Namey BIANCA	nship (Type, Print)					end Numb	er or Ru	ral Route Numb	er, City or Town	Stete, Z	ip Code)
Baltimore,	agas ent of tt: if it y or o		20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State										own, State	
Balt	pemit. Pa Departmen Important: any injury		21. Signature of Funeral Service	e Licensee	ســ	22	2. Name an	d Addre	ess of Fecil	E.	York Rd.	1		
	Physician /Medical Examiner		23a. Part1. Enter the disease, shock, or heart failure. Lis immediate Ceuse (Final disease or condition resulting in death)							cardiac		rrest,		Approximate Interval Between Onset end Death
60,	be axecuted ician and burial-transit	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury thef initiated events		Due to (Outs or as a conseq on hy	uenca of):						-	was
Box 68760,	iras that the daath certificate be axecuted signed by the attanding physician and d be datached for use as the burial-transit	Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of):											J
P. 0.	equiras that the daath sen signed by the attan rould be datached for u	y Physic	Part II. Other significant condit		Reath but not re				/			_		to the cause of deeth?
ecords,	aw requisite been 2 should	ompleted by	fulu				U					an autopsy rmed?	6	Vere eutopsy findings veilable prior to ompletion of cause if death?
Œ	The la	O	_								10	es 2 No	1	TYPS 25 NO

1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of Injury

Medical Certification: To

this

Be

sion of Vital

1 Cartifying Phyalclan: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner stated. 29b. Signeture and title of cartifier

25. Was case referred to medical examiner?

1 | Yes 2 | 1√10

27. Menner of Death

2 Accident

4 - Homicide

3 Suiclde

29a. Certifier

1 Natural

1. Decedent's Name (First, Middle, Last)

GERTRUDE

Physician

29c. License number

28c. Injury at Work?

29d. Dete signed (Month, Dey, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed buse of death (Item 23a) (Type, Print)

WEGLEIN; 220 W. COD SPNINC LA BALDO MD 21210

5 Pending Investigation

6 Could not be determined

Hospital:

726394

1 Yes 2 No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

31. Date filed (Month, Day, Yeer)

NOV 15 1996

32 Registrar's Signature

28e. Dete of Injury (Month, Dey Year)

Registrar DHMH 16 Rev 6/95

State

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				State of M	arylan		artment o			Mental Hy	giene 9	6 3	14373	
	- The		1. Decedent's Neme (First, Middle, Last)						2. Dete of De	eeth .		3. Time of Deeth	
	Physic /Medi Exami	cal	MARGARET 4e. Fecility Neme (If not institution, give		JDIG	[ER		4b. City	, Town, or	NOVEMI Location of Deal		1996 ty of Deeth	10:15 A	
1			SAINT JOSEPH MI	EDICAL (CENTI	ER		TOW	SON		BALT	IMORI	3	
4	Funeral Director		5. Social Security Number 215 34 7348 15 Usuel Residence of Decedent	7. Ag		ast birthdey) 85 Yrs.	If Under 1 \ Months D		der 24 Hrs		rth ay, Year)		ace (State or Foreign ry) MARY Amd	
	Aerylend f show ed at	or	10e. State 10b. County Maryland Baltim	0.44	10c. City	, Town or Lo	cation					10	od. Inside City Limits 1 ☐ Yes 2 Ø No	
	the 128s	rect	10e, Street end Number	OTE		- 1A	10f. Zip Co	de]	10g. Citizen of	What Count	rv?	
	3a or	Ö	9911 Harford	Road				21234				USA	.,,.	
20	be filed within 72 hours after death with the Meryland nat Hyglene. Id other than "natural", or items 23s or 28s-f show event, the Medical Exercine must be notified at	by Funeral Director		12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give	?		Wes Decedent I Yes, specify			Specify Yes or Note Rican, etc.)	o- 14. Re Bi	ece - America eck, White, e	etc.	
9	tural		15. Decedent's Edu	Yeer or Detes:		16e Decer	lent's Heuel O	ocupation			16b. Kind of i	Rusiness/Ind		
21215-0020	d within 72 giene. rr than "ne	Completed	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or	5+)	(Give	lent's Usuel O kind of work of DO NOT use r		most of wo	rking		ucation		
Maryland	2 should be filed and Mental Hygie is marked other is sumatic event, to	To Be C	17. Fether's Neme (First, Middle, Last) WINIAM G. Ken	//				18. M		me (First, Middle		me)		
an	d 2 should th and Mer 7 is marke traumatic		19e. Informent's Neme/Reletionship (Ty	Informent's Neme/Reletionship (Type, Print) Margaret Hart dayler 9911 Harford Rd. Method of Disposition 20b. Pleca of Disposition (Neme of						ural Route Numb	er, City or Town	own, Stete, Zip Code)		
	ロコペト									BAHIMOre	MANYLA	100	21234	
Baltimore,	permit. Pages 1 a Department of Hec Important: if frem any injury or othe		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Cemetery, cremetory or other piece) Dulanty Valley Memorial Gardens								20c. Location	- City or To	wn, State Mary land	
alt	permit. Departrimports any inju		21. Signeture of Funeral Service Licensee 22. Name and Address of Facility EVAMS Chapter of Memory											
ш	80 E E 8		Lur V R Kmm 8800 Harford Rd Baltimore,											
	Physician /Medical Examiner	ner	23a. Pert1. Enter the disease, or compil shock, or heert fellure. List only or Immediate Cause (Finei disease or condition resulting in death)	MYOCARI	DIAL		RCTIO]	Interval Between Onset end Death	
3760,	be executed internand burist-transit	i Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or as e consequence of):										
Box 6876	ostificate iding phys	Physician/Medical	that initiated events resulting in death) Lest	l	Due to (or	es e conseq	uenca of):			E				
	death e atha of for	lcia	Pert It. Other significant conditions con	tributing to death b	uit not resu	Iting in the u	deriving caus	e diven in P	ert i	28h Did	tohacco usa c	ontribute to	the cause of death?	
P.O	gned by the be detached	by Phys	ANEMIA			ining in are u		e given in r			Yes 2 ⊠ No		ably 4 Unknown	
Vital Records,	aw requin	Completed t	DIABETES MELLIT	rus							s an autopsy ormed?	con	re autopsy findings illable prior to npietion of cause leath?	
al	cate h									10	Yes 2X No	1 🗆	Yes 2XNo	
of Vit	Physician this certif al directo	To Be	TEL TES ZEE NO	lospitel: 1X inpatio		ER/Outpatien		Other: 4		eth (Check only lome 5☐ Res	idence 6 🗆 O)	
INTERIOR	r Attending I My death. Iractor: Atter n by the tuner	Certification:	27. Menner of Deeth 1 I Netural 2 Accident Investigation 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined	28a. Dete of Inju (Month, De 28e. Piece of Injuding, et	jury - At ho	28b. Time of Injury me, ferm, str	М	Injury et Work? 1 ☐ Yes 2	2 □ No	28f. Location	how Injury occu (Street end Num wn, Stete)		Route Number,	
٥	To the Hospital Within 24 hours a To the Funeral Di completely IIIIed is	Medical Cer	29e. Certifier 1 Certifying Physical Check only 2 Medical Examtr	ician: To the best	of my knov	vledge, deeth	occurred et ti restigetion, in	ne time, dete my oplnion,	end plece	e, and due to the urred et the time,	cause(s) end n	nanner as st	eted. the cause(s)	
	To the within 7 to the comple	Me	29b. Signeture end title of certifles	sev	W	P		37254			29d. Dete sign	ed (Month, L	Dey, Year)	
~	t		30. Neme end eddress of person who co	mpleted cause of o	leeth (Item	23e) (Type,			_		1	-		

7620 YORK ROAD TOWSON, MARYLAND 21204

DHMH 16 Rev 6/95

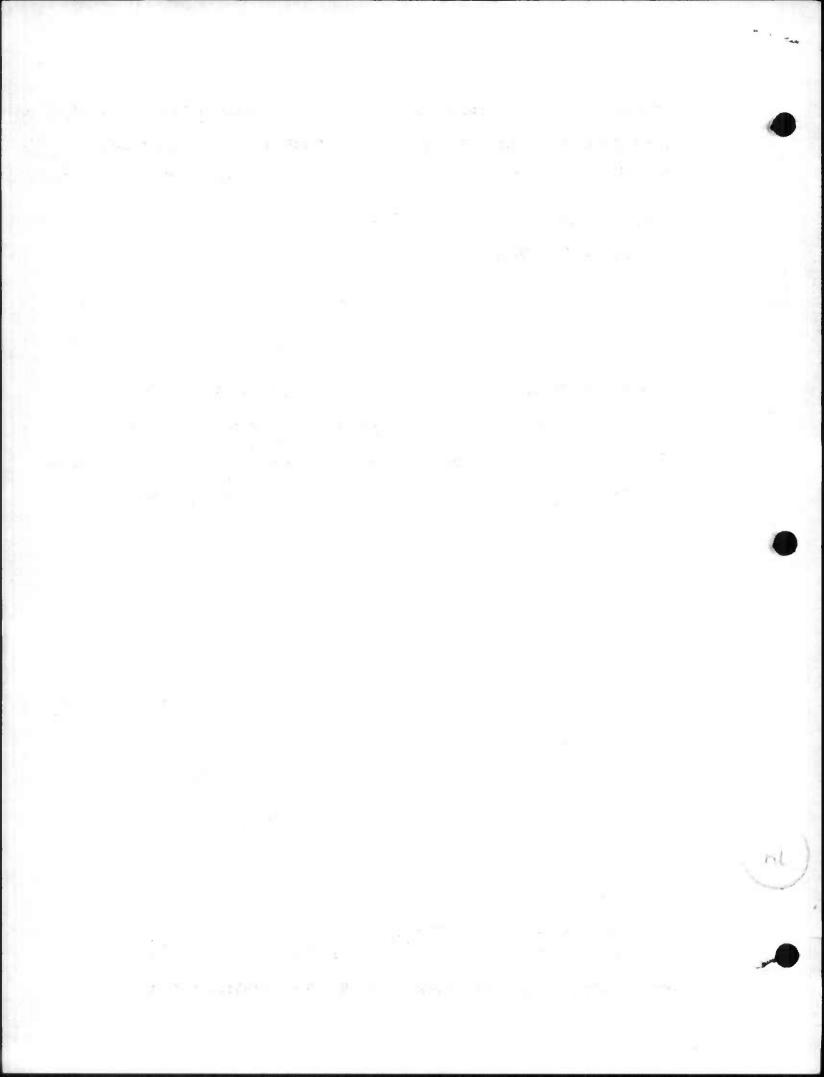
State Registrar

24

BOON P. LIM, M.D.

31. Dete filed (Month, Dey, Year)

NOV 15 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Day **Physician** 9:55 pm Marie Nannie November 9 1996 /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** St. Agnes Hospital Baltimore N/A If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Dey. 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Yaar 9. Birthplace (Stete or Foraign Country) Virginia **Funeral** Months Deys 1 M 2 XF Yrs 219-01-8406 90 Director June 30 1906 Usual Residence of Decedant with the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner man be notified at Maryland N/A Baltimore Director 1⊠Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 1708 DeSoto Road 21230 USA Herns 23a Completed by Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indien, Black, White, etc. filed within 72 hours efter 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 🔼 No If Yes, Give Yeer or Datas: 6 1 ☐ Yes 2 ☒ No Specify: White 3 ☑ Widowed 4 ☐ Divorced natural, 15. Decedent's Education (Specify only highest grede com 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Peges 1 and 2 should be filed within ent of Health end Mental Hygiene. Int: If item 27 Is marked other than inty or other traumatic event, the May or other traumatic event, the May Elemantary/Secondery (0-12) College (1-4or 5+) seamstress Lyon Brothers 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Samue 1 Ferrel1 Susan (Unknown) 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stata, Zip Code) William J. Czincilla 2915 Montclair Drive/Ellicott City, MD 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 DBurial 2 Cremetion 3 Removel from State Depertment or important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Mt. Olivet Cemetery 11/13 Baltimore, MD 21. Signature of Fune al Service Licensee 22. Name end Address of Facility
HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, 21229 23e. Part1. Enter the disease, or complications thet cause. The state. Do not enter the mode of dying, such as cardiac or raspiratory errest, shock, or fleer failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final HyperKalenna diseese or condition resulting In deeth) Examiner Due to (or es e consequence of) Examiner 2-3 days Multiorgan tailure Physician: The law requires that the death certificate be executed use as the burial-trensit and Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or as a consequence of): ettending physician Physician/Medical Dua to (or es e consequence of): ate hes been signed by the e page 2 should be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dld tobacco use contribute to the cause of death? congestive heart failure 1 Yes 2 No 3 Probably 4 Unknown hypertensian Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? recurrent sigmoid volvulus 1 Yes 2 No 1 Yas 2 No After this certificate Be 25. Was case referred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28c. Injury at Work? Certification: 28b. Tima of 28d. Describe how injury occurred gling 5 Pending invastigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Medicai 29a, Certifier 🗺 Certifying Phyalcien: To tha best of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. With To The 29b. Signeture end title of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) P10877 November 9, 1996

State Registrar Kristen L.

31. Date filed (Mont

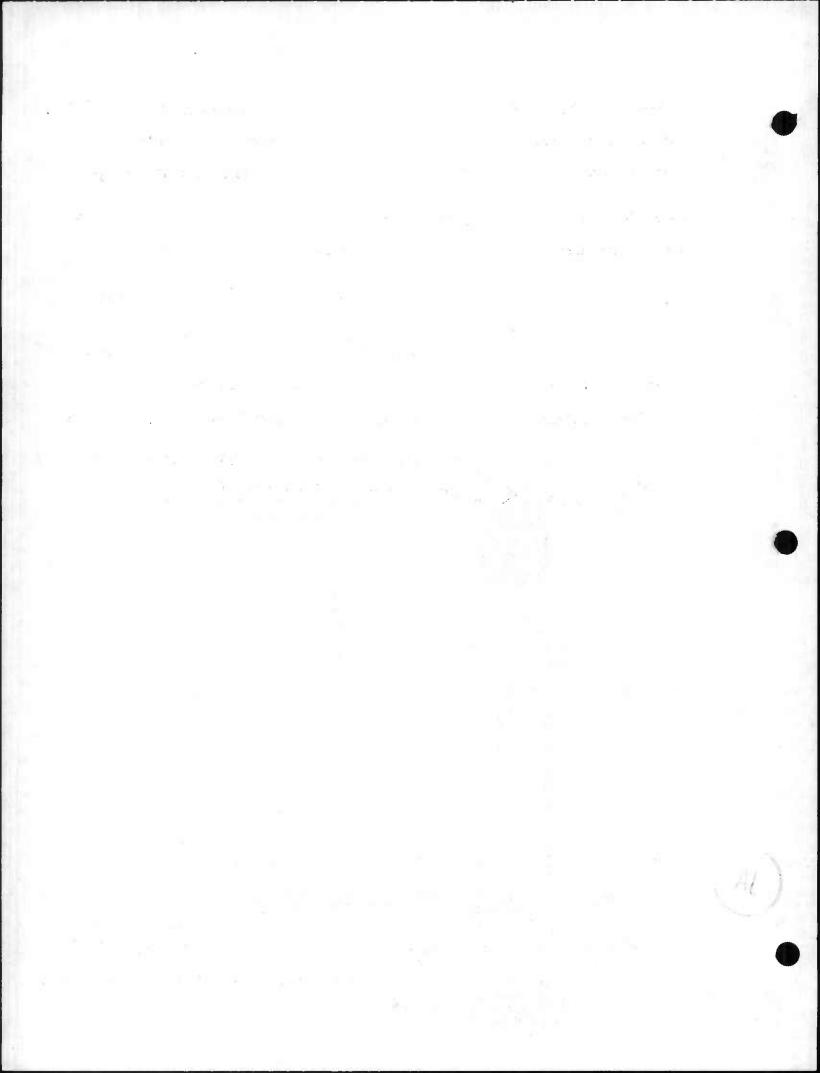
St. Agnes Hospital Fernandez

900 Caten Ave Balt. 21229

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

Baltimore, Maryland 21215-0020

slon of Vital Records, P.O. Box 68760.



State of Maryland / Department of Health and Mental Hygiene 96 34375

				Certificate of	Death		Reg. No.		
		Decedent's Name (First, Middla, Last)				2. Data of De	eath		Tima of Death
Physic		KATHERINEB	STULL			Month NOVER	Day	Yeer 2	:45 PM
/Med Exam		4a. Fecility Neme (If not institution, give street			4b. City, Town, or Lo				
ZAGIII		NORTHWEST HOSPI	TAL CENTE	R	RANDALL	57001	Y BAL	TIMIO	RE
Funera	1	Social Sacurity Number 6. Sax	7. Aga (In yrs. last birt	hday) If Undar 1 Yea	r If Under 24 Hrs.	8. Data of Bi	rth	9. Birthplaca	(Stata or Foreign
Directo		218 23 5123 1□ M : Usual Rasidance of Decedent	MF 86	Yrs. Months Days	s Hours Min.	AUG. 2		Country)	AnD
1215-0020 within 72 hours efter death with the Meryland ana. than "naturaf", or items 23s or 23s-f show he Medical Examiner must be incified at		10a. Stata 10b. County	10c. City, Towr	or Location			, , ,	10d. i	nside City Limits
Men A	ğ	MARIAM	Ball	MORI				1	Yas 2□No
r 28a-f show	Director	10e. Street and Number	UMAI	10f. Zip Coda			10g. Citizan of V	What Country?	
th with 23a or		6811 CAMPFIELD	Page	2.1	205		1)	. ^	
eeth v	era		es Decedent Ever in U.S.		Hispenic Origin? (Spe	cify Vac or No	14 Rac	a - Amarican In	ndian
ter dee	Funeral	A	med Forcas? ☐ Yes 25 No	If Yes, specify Cul	ban, Maxican, Puarto I	Rican, etc.)		k, White, etc.	TOTAL T
ns eff	by I	If	Yas, Giva eer or Detas:	1 □ Yas 2⊠ No	Specify:		Specify	111.1	
21215-0020 d within 72 hours of glena. If then "natural", or the Medical Example.	8	15. Decedant's Education		Decedant's Usuai Occu	ineflon		16b. Kind of Bu	using sell ndustr	31
15	Completed	(Specify only highast grade com	pleted)	(Giva kind of work done lifa. DO NOT use retire	a during most of workli	ng	TOD. KING OF BU	isingswiidusti	у
212 1 withing jone.	Ē	Elementery/Secondary (0-12)	ollaga (1-4or 5+)	SITCHBOAN					
other	ŭ	17. Fether's Neme (First, Middle, Last)	30	DI ICHUOMI	18. Mothar's Name		. Maldan Sumam	na)	
ylan ould be Mentel arked o	Be		Merce		5.0	0	7011	- 5 (
should by an Mente marked	2	19a. Informant's Neme/Ralationship (Type, P		Mailing Address (Stree	AVS	Y . \	IMITTO	155	. 2122
200 00		0 001 11 == =		Mailing Address (Stree	of and Number of Aura	A HOUIA NUME	OF, City or Town,	Stata, Zip Coo	0) 0 100
Te, N 1 and 1 Health am 27 inther tr	1	20a. Mathod of Disposition		Disposition (Nama of	400115	LOUY	21 13P	17/16/	0165 1 10
0 0 0 -		1 ☐ Burial 2 ☑ Cramation 3 ☐ Remov	a cometer	y, cramatory or other pl		Data TH	20c. Location -	CHY OF TOWIT,	21918
Baltimore, N pemit. Pages 1 and Department of Health important: if item 27 any injury or other to		4 □ Donetion 5 □ Other (Specify)	EVANS		1 APIL-BURIA	1339	FORUT	H'ILM	ARYLADO
Ball permit Departimpor		21. Signature of Funaral Service Licenses	/	22. Name end Addr	HAPILOF	CHir	25	1	
m 897 29		A STAR STORM		3332 X			moniv		
		23a. Pert1. Entar tha diseese, or complication shock, or heart feilura. List only ona ceu	s that caused the death. Do n					App	proximete
Physician		shock, or near reliura. List only ona cet	sa on aach lina.						rvel Between set and Death
/Medical	_	Immediete Causa (Final	- 0 .00.1	. 00		- 0			1 = A p .
Examiner		disaese or condition rasulting in deeth) a	CORONARY		OISE	- W- 7 F			EARS
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), exec n en rial-tr	EX	sequantially list conditions, if any, leading to immadiata	, Dua to (or as a c	onsequance or).				I	
x 68760, ertificate be execut sing physician end se es the burial-tren	edical	Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disaase or Injury that Initiated events	Due to (or as e c						
filest files	8	rasulting In death) Last	Due to (or as e c	onsequence on).				1	
Certi certi	3	d							
death certificate et and for use es t	Cal								
cords, P.O. Box v requires that the death cer been signed by the ettendin should be detached for use	Physician	Part II. Other significant conditions contribution	ng to daath but not rasulting in	the undarlying causa g	ivan in Part I.		tobacco use cor	V	
Thet the deta	표	HYPERTENSI	0 1			1 🗆	Yes 2 No	3 Probably	4 Onknow
Records, he law requires that has been signed a has been signed age 2 should be	l by						- 577.7	041 144	
ords requires een sign hould be	ie e					24a. Was	an autopsy ormed?	aveilab	utopsy findings le prior fo tion of cause
0 & S S	D O							of death	n?
The I	Completed					10	Yas 2 No	1 □ Yas	s 2 No
f Vital Pysician: The	Be (25. Was casa raferred to medical axaminar?			26. Pleca of Death	(Check only	ona)		
- Z 00	To	1 ☐ Yes 2 ☑ No Hospite	ol: 1 fnpatiant 2 ER/Out	patient 3 DOA	ther: 4 D Nursing Hon	ne 5 🗆 Resi	Idenca 8 Oth	ar (Specify)	
			Data of Injury 28b. T	ima of 28c. fnje	ury af 2	8d. Dascribe	how injury occurr	red	
Manding Manding Manding The fune	atic	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation	(month, buy rous)		Yas 2□No				
	Hic	3 Suicida 6 Could not be datarminad 28	. Pleca of Injury - At homa, fer	m, streat, factory, office	2		Straat and Numb	er or Rural Ro	uta Number,
2	Certification:	4 Direction	building, atc. (Specify)			City of 10	wn, Stata)		
To the Hountain or within 24 linos annor To the Funeral Completaly filled in by		29e. Cartifiar 1 Certifying Physician	To the best of my knowledge,	death occurred at tha t	tima, data and placa, a	nd dua to tha	cause(s) and ma	nnar ee stated	
To the How within 24 lhou To the Fu	edicai	(Check only 2 Medical Examinar: O	n the basis of axamination and mannar stated.	Vor Investigation, in my	opinion, daath occurre	d at the time,	dete end place,	and dua to tha	cause(s)
of the	X	29b. Signature end titla of certifier		29c. Licen	nse number		29d. Dete signed	d (Month, Dey,	Year)
r s F o		► 1(. A L. \<	. S. RAO.M	0 0.	4346	2	NOUEN		
			1.50 es variables and	CHELLOW					
		30. Name end addrass of person who completed S.S.R.A.O.MI.D.	ed causa of daath (Itam 23a) (Type, Print)	A / CE	37 E N	NAN	OALLS	5 TOWN
				H-1611	11 6 62	20			
St Regist	ate rar	NOV 15 1996 Julia	32. Registrar's Signature						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 34376 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Deeth 3. Tima of Deeth Day **Physician** Month Yael Evelyn Stevenson Oct. 30, 1996 3:30a.m. /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 104 N. Payson Street Baltimore If Under 24 Hrs. Hours Min. If Undar 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Data of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** Deys 1 □ M 2 🔀 F 74 214-16-9920 Yrs. Director April 30, 1922 West Virginia Usuel Rasidence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Md. N/A Baltimore 1 Yes 2 □ No Director 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? ö 21223 U.S.A. 104 N. Payson Street Items 23a Funeral 12. Wes Decedant Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, atc.) Race - American Indien, Black, White, etc. permit. Pagas 1 and 2 should be filed within 72 hours effar to Department of Health and Mantai Hygiena. Important: if flem 27 is marked other than "natural", or iten any injury or other traumetic event, the Medical Ferr 1 ☐ Yes 2 ☑ No If Yas, Give Yeer or Detes: 1 Never Merried 2 ☐ Married Bakimore, Maryland 21215-0020 Specify: Black 1 ☐ Yes 2 ☑ No Specify: by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 7th Grade Private Family Domestic 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) William Stewart Ida Simms 19a. Informent's Neme/Reletionship (Type, Print) Daughter 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stete, Zip Code) Shirley Lewis 104 N. Payson Street Baltimore, Md. 21223 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1X Burlat 2 ☐ Cremation 3 ☐ Removel from Steta Western Star 11/06/96Catonsville, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 Pert 1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximeta Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Finel diseese or condition resulting in death) Examiner Examiner attending physician and for usa as the bunal-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to Immadiate ceuse. Enter UndarlyIng Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or as a consequence of) P.O. Box 68760. Physician/Medical to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. sata has been signed by the page 2 should be datached 23b. Did tobacco use contribute to the cause of death? 20 3 Probably 4 Unknown 1 Yes No Records, by Completed 24b. Were eutopsy findings availebla prior to 24e. Wes en eutopsy performed? completion of causa of death? cartificata has 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, F. Be 25. Wes cese raferred to medice 26. Place of Death (Check only one) exeminar? Othar: 4 Nursing Home 1 ☐ Yas 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 esidence 6 Other (Specify) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 5 Pending Invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarminad 3 Sulcide 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide edicai Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred at tha tima, data end place, end dua to the causa(s) end menner stated. 29a, Certifian 29b. Signature end titla of certifier 29c. License number 29d. Date signed (Month, Day, Yeer) 30. Neme and address of person who completed

State Registrar

31. Date filed (Month, Dey, Year) NOV 15 1996 1996

32. Registrer's Signatura

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Alemeda

		1 - FOR STATE REGISTRAR	E OF MARYLA					EALTH DEAT			YGIEN EG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	1 /							2. DATE OF	DEATH			3. TIME OF DEATH
		LINA Schn.	eider	-						Novemb	าลา		996	4:35 p
		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In			IF UNDER 1		IF UNDER 2	24 HRS.	7. DATE OF I	HTRI		8. BIRTH	PLACE (State or Foreign
		218 34 0107 10M	2 🗷 F	88	YRS.	MONTHS	DAY8	HOURS	MIN.	JUNE JUNE	20 V	908	Countr	Germany
shoul		9a. FACILITY NAME (If not institution, give street and no		~ `		9b. CITY, T	OWN C	R LOCATIO	N OF DEA				NTY OF D	EATH
23	DIRECTOR	Genesis Loch Raven	Nursing	Cente	7		-	lows0	η				BA	Itimore
es 1,	Di Di	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CITY,	TOWN OR	LOCAT	ION						10d. INSIDE CITY
020 physician. burial-transit permit. Pages 1, 2, 3 should	Dia	Maryland Baltim	ore					rKvi	3//					LIMITS?
Pera	A A	104. STREET AND NUMBER	. 1				101	ZIP CODE				10g. CIT	ZEN OF W	HAT COUNTRY?
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Sicial Natur	FUNERAL	N	DECEDENT EVER IN	U.S. ARM	ED	13. WA	S DEC	ENDENT OF	HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian,
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endin	ED E	The second secon				1								White
12 or att	ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(G/M	EDENT'S U s kind of wo Do NOT use	SUAL OCC	UPATIO	ON st of working		16b. KIN	D OF BUS	INESS/INC	USTRY	
D 2	1 2	Elementary/Secondary (0-12) College	(1-4 or 5+)	WHO. 6		DUSEW	47,				1	Hom	>	
YLAND 21215-00 by the hospital or attending be detached for use as the	COMPL	17, FATHER'S NAME (First, Middle, Last)						10 1107111	ERIC MAM	E (First, Middl		-		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	_		nknown					IO. MOTHE	ER S NAM		Maloen .			
MAR retained 5 should	8	19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	DDBESS (S	Street e	nd Number o	or Burni Br	oute Number, C			Code	
MAR retained 5 should		Lucille Scandor	Α.		mruging r	9202		17185		Park	h .		Yland	21234
BALTIMORE, after death. Page 6 may be noval.	3	20a, METHOD OF DISPOSITION	20b. F	PLACE AP	ID DATE OF	DISPOSITI				DATE		CATION —	1	
TOR e 6 ma ector, p		1 Donatton 5 Other (Specify)		tery, crem	AYDEY	er place) <		with		NOV		Nerle		WII, State
ALTIMOR leath. Page 6 mi funeral director,		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ч	VII GOT			D ADDRESS	S OF FACI	LITY		_		
ALTIN death. Pag tuneral dir		Denn' R	1.							YAMS CI				
B/B/Ins after of the removal.	-	23 PART i Enter the diseases or complicat	long that sourced	Ab a dead	h 0				- 8	1800 HA	rtord	Rd 1	SAltim	ore MD ZIZ34
S I I		23. PART i. Enter the diseases, or complicat ahock, or heart fellure. List only	one ceuse on eac	ch line.	in. Do no	t enter th	ie moi	de of dyln	g, auch	ea cerdiec	or reapli	atory arr	eat,	Approximate Interval Between
4 # 6 F		iMMEDIATE CAUSE (Final disease or condition	21-1.0)	9	na.	10							Onset and Deat
E E +		resulting in death) = s. 16	DIJE TO OR AS A	CONCEON	OR OF	POU	2							
P 50 5 5		DUE TO (OR AS A CONSEQUENCE OF):												
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
BOX	¥	cause. Enter UNDERLYING			353, 43									ui
O. B. ertificating phy rgiene p	Ĕ	CAUSE (Disease Dr Injury that Initiated events	DUE TO (OR AS A C	CONSEQU	IENCE OF):									+
P.O. eath certi	RT	resulting in death) LAST												
S		DADT is Other conditions conditions conditions												
RD at the ty th and N ini		PART ii. Other significent conditions contrib	uting to death but	t not re	sulting in	the unde	erlying	cauae gl	ven in P	art I. 24a	PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
O = 8 = 8	MEDIC									_ 10	YES 2	MAO		COMPLETION DF CAUSE OF DEATH?
w requires that been signed by or, of Health and a showe any	Σ									_		•		1 - YES 2 1 NO
law law	PHYSICIAN:	DID TOBACCO USE CONTRIBUTE		_				UNCE	RTAIN					
	글	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL:		1	(Check only	y one)							
F VIT.	1×S		llent 2 - ER/Outpet		DOA 4	Hursin			Idence 6	Other (Sp.	ecity)			
NG PHYSI fler this coath with			DATE OF INJURY (Month, Day, Year)		26b. TIME INJUI	RY Y	WOI	RK?		26d. DEŞCRIE	HOW IN	JURY OCC	URED	
ON ON ON ON ON ON ON ON ON ON ON ON ON O		2 Accident Investigation	DI 105 05 W.W.			М		ES 2	-					
VISION ATTENDING ECTOR: After s after death		3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — building, atc. (Specify	- At nom	e, term, str	eet, tactory	, office	1	1	26t. LOCATION City or To	N (Street a vn, State)	nd Number	or Rural A	oute Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death	Ш	as continue & A												
A P D D		(Check only 1 CERTIFYING PHYSICIAN: To th												
	ő	2 MEDICAL EXAMINER: On the b	pasis of examination a	and/or Im	restigation,	in my opin	lon, de	eth occured	d at the ti	me, date and	place, and	due to th	e cause(s)	and manner as stated.
TO THE HOSPI TO THE FUNEF Se filed within	Ä	296/SIGNATURE AND TITLE OF CERTIFIER	. 000	01.	01 4		T	29c. LICEN	SE NUMB	ER / I		29d. DATE	SIGNED	IOV. Day(Your)
5 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0 8	merh K	per			^		D.	20 6	001		DOG	6 60	411 96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tripuranini

32. APGISTRAP'S SIGNATURE O

5670B

The

Sireesh

NOV 1 5 1996

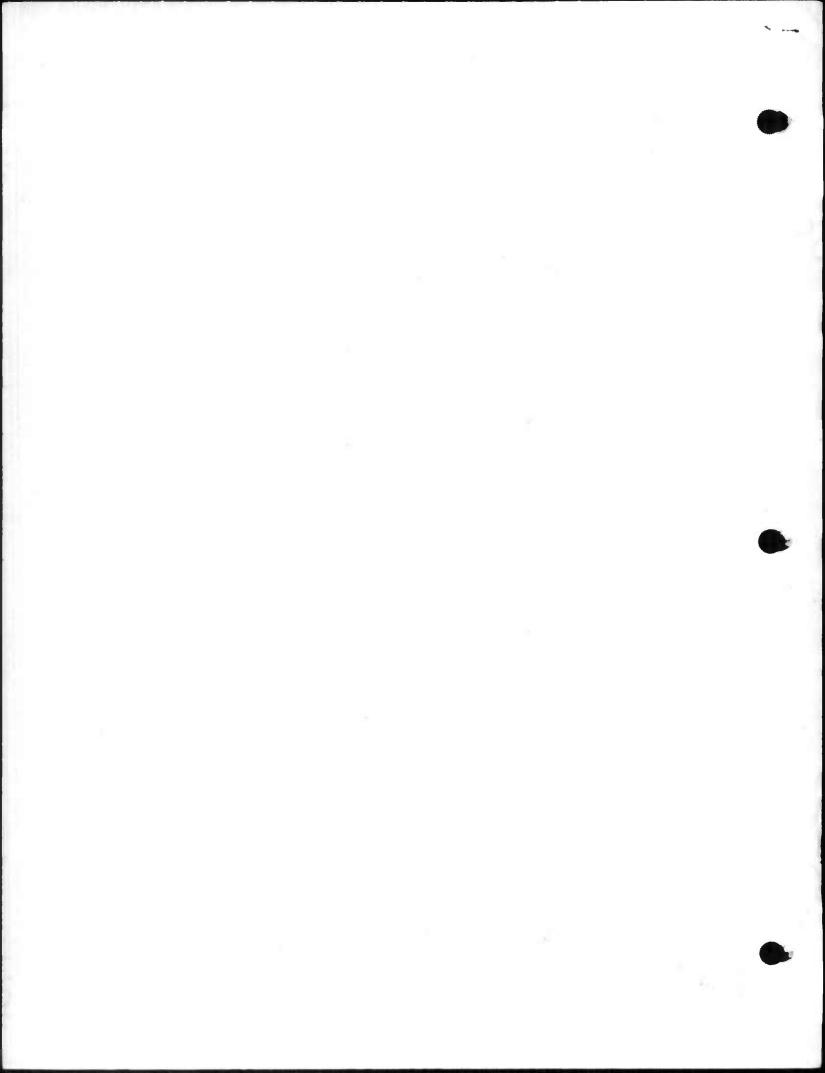
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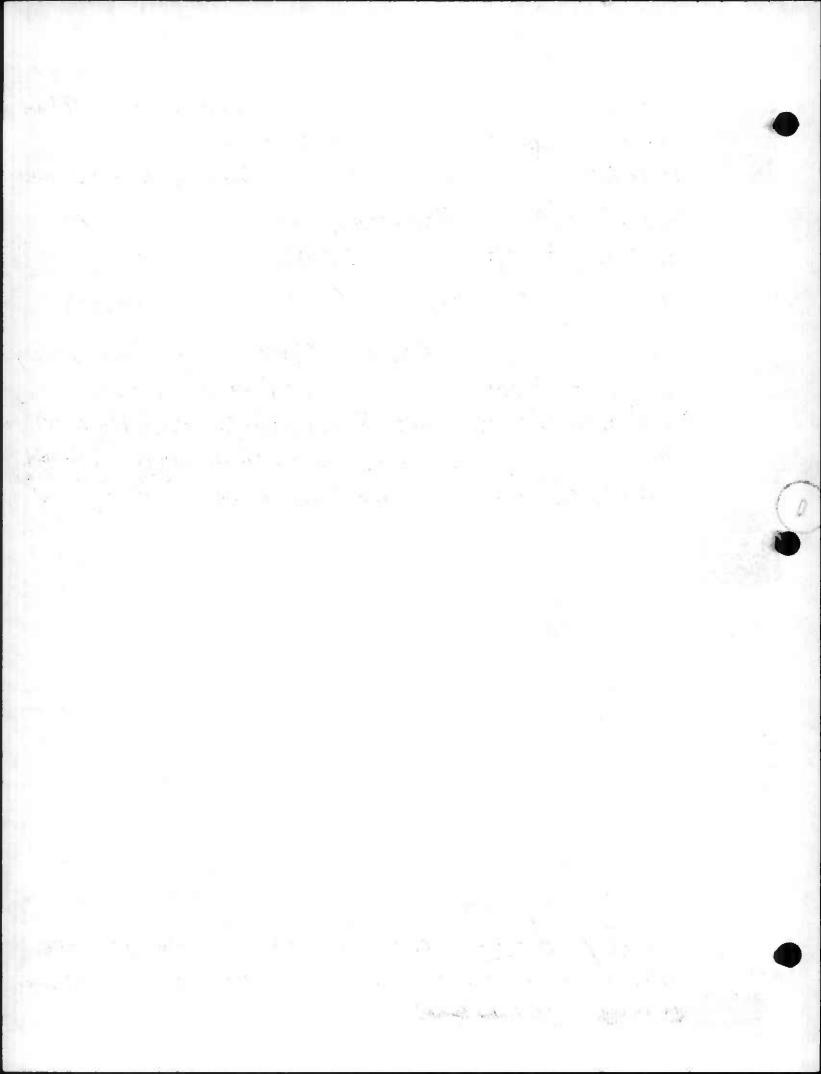
31. DATE FILED (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Maryla		ate of Death		g. No.	6 31	:378
я	Physic	ian	1. Decedent's Name (First, Middle, La				2. Date of Dealt Month	Day	Year 3.	Time of Death
	/Medi		MILLIE 7				NOV.		1996	450pg
*	Exami	ner	4a. Facility Nama (If not institution, giv	re street and numbar)		4b. City, Town, or	Location of Death	4c. County	of Death	
_			5. Social Security Number 8.5	SPITAL 7 Age //n um	. last birthday) If Un	dar 1 Year If Under 24 Hr	Timore		NIA	10: 1
	Funeral Director		1	IDM 20 F 7 O	Yrs. Monti			0,1924	Penns	(State or Foreign
	/land		10a. State 10b. County	10c. C	ity, Town or Location				10d. li	nside City Limits
	the Marylan 28a-f show notified at	tor	Maryland N/	$A \mid E$	Saltimo	re			1	Yas 2□No
	or 28	Directo	10e. Street and Number	1 01		Zip Code	10	g. Citizen of \	What Country?	
	23a		611 N. Ligh	5t.		21202		u	SA	
	Herma Herma	Funeral	11. Marital Status	12. Was Decedent Evar in I Armed Forces?	J,S. 13. Was De If Yas, s	cedent of Hispanic Origin? (pecify Cuban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		e - American Inck, White, etc.	dian,
020	72 hours efter death with the Manyland naturel', or items 23a or 28s-f show diest Examiner must be notified at	by F	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 M Yes 2 □ No If Yes, Give Yaar or Dates:	IT 1□ Yas	2 No Specify:		Specify	RIN	nK
21215-0020	n 72 hours "natural", edical Exp	Completed	15. Decedent's E	ducation	16a. Decedent's U	sual Occupation	1	6b. Kind of B	usiness/Industry	/
121	within jiane.	npie	(Specify only highest gre Elementary(Secondary (0-12)	College (1-4or 5+)	life. DO NO	work done during most of we use retired)	orking	/ .	1	1
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and	a is a	Be	17. Father's Neme (First, Middle, Last,	Slaana		18. Mother's Na	me (First, Middle, M	aiden Surnam	10)	2.00
Maryland	d 2 should th end Men 7 is marks traumatic	70	19a. Informant's Name/Relationship (Type Print)	19h Meiling Addr	ess (Street end Number or F	QUEL POUTE Number	City or Town	State Zin Code	
M	d tre		Ms. Sharan	Sloane	16321	V Appleto	h St	Roll	MA	71717
ore,	other		20a. Method of Disposition		Placa of Disposition (i	Verne of	Date / 2	Oc. Location -	City or Town, S	State
altimore,	Pages nent of int: If its iry or o		Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	JHemoval from State	arrisor	Forest	11/19/96 (wing	< Mi	11< Md.
alt	sparti sparti sports y inje		21. Signature of Funeral Sarvice Liner	ofte /	22. Name	and Address of Facility		222	2 W.	VorthAU
٣	207599		Moles (Ka	net .	Rus	2 Fune of	& Len	2 15	ALTO	·md.
4	W		23a Part1 Enter the disease, or com shock, or heart a jure. List only	plications that caused the dea or cause on each line.	th. Do not enfar the n	node of dying, such as cardia	c or respiratory arre	st,	App	roximate rval Batween
ð,	Physician			2					Ons	at end Death
	/Medical Examiner		Immediete Cause (Final disease or condition resulting in death)	a. J	EATIC .	HOCK			5	DAYS
		ē			or as a consequenca	· ·			7	111.5
	outed ansit	Examiner	Sequentially list conditions	U	or es a consequence				، د	0475
oʻ	a axed		Sequantielly list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or Injury	240 10 (.,,				
68760,	ificata be axecuted physician end es the buriel-transit	edicai	thet initieted events resulting in death) Last	C. Due to (or as a consequence of	rf):				
	6.0			d						
Box	requires thet the death cert seen signed by the ettendin hould be detached for use	Physician/N							ĺ	
P.0.	the d	hysi	Part II. Other algnificant conditions o			g cause given in Part I.				causa of death?
Б,	s thet med to e deta	by P	PNEURO	NIA			1 U Ye	8 2 No	3 Probably	4 MUnknown
Division of Vital Records,	v require been sig should b	ted t	4-011	PLUTT	()		24a. Was an	autopsy	24b. Were au	utopsy findings a prior fo
ecc	2 8 8	Completed	111141	12011	CX		ponomi	001	complet of deeth	tion of causa
- B	at at	Con	ATHERO	SCLEROVIJ	,		1 ☐ Yes	20 No	1 ☐ Yes	200 No
Vita	ysician: The	Be	25. Was case referred to medical exeminer?				eth (Check only one)	1	
ot	2 00 0	. To	1 ☐ Yes 2 ☒ No 27. Manner of Deeth		ER/Outpatient 3		Home 5 Residen			
LO .	Aftar funer	tion	1 B Netural 5 ☐ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how	v Injury occuri	ed	
IS	Attending or death. octor: Aftai by the fune	fica	3 Suicide 6 Could not be				28f. Location (Stre	eet and Numb	er or Rural Rou	ite Number.
á.	s after s after if Direction by	Certification:	4 Homicide determined	building, etc. (Speci	fy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or Town,	State)		
	To the Hospital or Attending Phy within 24 hours after death. To the Euneral Difector: After this complately filled in by the funeral	Medical	29a. Certifier (Check only one) 1 Cartifying Ph	ysician: To the best of my knowiner: On the basis of examination and manner stated.	owledge, death occurrention and/or Investigati	ed at the time, date and place on, in my opinion, death occ	e, and due to the cau urred at the fime, dat	use(s) and ma te and place, t	nner as stated. and due to the o	cause(s)
	Withir To th	Me	29b. Signatura and title of certifier	1		29c. Licansa number	29	d. Data signe	d (Month, Day,	Year)
	. 1		11-14	fune	17.0	011338	9 11	Nov.	10.1	1996
	1/11		30. Name and address of person who	completed cause of death (Itel	m 23a) (Type, Print)					
	7'			may 750		ech vicle	RO A.	Tous	oon to	1 21001
	Sta	te	31. Date filad (Month, Day, Year)	32. Registrar's Sign	atura					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** EULA STAPLES Month V 9.30 AM /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Daath 4c. County of Daath **Examiner** ST. AGNES HOSPITAL BALTIMORE BALTIMORE If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□ M 2□ E 86 Yrs 216-32-7617 Director May 14, 1910 Usual Rasidance of Dacadant 10a Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 313Yas 2 No MD n/a Baltimore 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country? 4805 West Parkway 21229 USA Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? 11. Marital Status 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Marriad 1 ☐ Yas 2₹ No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2X No Specify: by Specify: Black 3 Widowad 4 □ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education 16b. Kind of Businass/Industry (Spacify only highast grada complatad) Elementary/Secondary (0-12) College (1-4or 5+) 12 Food Service Balto. Federal Savin 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Elizabeth Chapel Augusta Stokes 19a. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Derrick Rambert/great nephew 4805 W. Parkway Baltimore, MD 20b. Placa of Disposition (Nama of camatary, cramatory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata I □ Burial 2 □ Cramation 3 □ Ramoval from Stata Department of Important: If any Injury or once. Baltimore National 4 ☐ Donation 5 ☐ Othar (Specify) wa of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility James A. Morton & Sons Funeral 23a. Part1. The r tha disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock by earl feiture. List only one cause on each line. 21217 Approximata Interval Betwaen Onsat and Daath Physician LARGE LEFT HEMISPHERIC INFARCT Immediata Causa (Final 12 DAG disaasa or condition resulting in daath) Dua to (or as a consaquanca of): MULTIINFARCT DEMENIA Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Ceusa (Disaase or Injury that initiated evants rasulting in daath) Lest ATRIAL FIBRILLATION Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings availabla prior to complation of causa of daath? Completed 24a. Was an autopsy performed? 1 Yas 20 No 1 ☐ Yes 2 ☐ No Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatiant 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 9 1 Yas 2 No 27. Mannar of Deeth Medical Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Netural 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28a. Placa of Injury - At homa, farm, straet, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 ☐ Homicida 1th Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiai

29c. Licansa number

PO 9884

29d. Data signed (Month, Day, Year)

1996

The law requires that the deeth certificate be executed Box 68760, P.O. I 5 Division of Vital Records, certificate or Attending Physician: After this offer death. within 24 hours effer d To the Funeral Direct completely filled in by the Hospital

the Maryland

filed within 72 hours efter

21215-0020

more, Maryland

28a-f show

238

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natural.

al Hygiena.

Pages 1 end 2 should be f nent of Health end Mental I int: If Item 27 Is marked of

and a sunt of Health en vnt: If Item 27 Is vor oth

/Medical

Examiner

must be notified at

traumatic event, the Medical Examiner

State Registrar DR. TARUN

(Check only one)

29b. Signature and title of certifian

, ST. AGNES HOSPITAL, BALTIMORE, M.D. MEHRA registrats Signatura
The Davidson-Rendelle

EURA RESIDENT

30. Nema and address of parson who completed cause of death (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

1	-	FOR STATE REGISTRAR
	1. D	JOSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					0411111	TOATE	_	שבת		REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)		SPUR	RIER					2. DATE OF DEATH DATE NOW THE MARKET	11.19	YEAR 196	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER		1	24 HRS.	7. DATE OF BIRTH		0. BIRTH	PLACE (State or Foreign
	215-05-8765		1 (X M 2 □ F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		14		
	9a. FACILITY NAME (If not in:					9b. CITY	TOWN (FUNDER 24 MIS. 7. DATE OF BIRTH (Month, Day, Weer) 8. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLACE (State or Foreign Country) 9. BIRTHPLA					
6	CATON MANOR		NG HOME				BA	LTIM	ORE			N/A	A
EC	10a. STATE	10b. COUNTY	,		10c, CI1	Y, TOWN C	R LOCA	TION				Т	104 INSIDE CITY
DIRECTOR	MD	N/	A			. 1	ват.т	TMOR	F			Ì	LIMITS?
	10e. STREET AND NUMBER										10g. CIT		
FUNERAL	3330 WILKENS	S AVEN	UE					2	1229			II.S.A	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT C	OF HISPANI	IC ORIGIN? (Specify Yea			
BY	1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE V										
	15. DEC	EDENT'S EDUC	CATION	161	. DECEDENT'S	I IIIII O	CO IDATI	ON		164 KIND OF BUG			WILLE
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 8		(Give kind of life. Do NOT u	work done o	during mo	ast of working	ng	ISB. KIND OF BUS	HRESS/INI	DOSTHY	
P	12TH GRADE	,	conege (1-4 of 6		FIREFI	GHTE	2			PII	BLTC	SERV	TCE
ő	17. FATHER'S NAME (First, Mi							18. MOTI	HER'S NAM			OLICA	101
BE (ANTHON	Y SI	PURRIER						CATHE	RINE KRAME	ER		
2	19a. INFORMANT'S NAME (7)											p Code)	
	BEVERLY BECK		GHTER)				-		E - I	BALTIMORE,	MD	212	30
	20g METHOD OF DISPOSITI	n 3 🗆 Ramo	oval from Stata	cemeter	ACE AND DATE	ther place!				1			vn, Stata
	4 Donation 5 Other. 21. SIGNATURE OF FUHERAL		ENGEE /	- ILOU.	DON PA						ALTI	MORE	
	1/1/2		11	7	7	HU	JBBA	RD FU	JNERA	AL HOME, II			
\dashv	23 DART I Enter the di	m		M	ny.	41	07	WILKI	ENS A	VENUE-BAL'	TIMO	RE, M	
	snock, or ne	eart teiture. I	List only one ceu	ise on each	line.	not enter	tne mo	de ot dy	ing, such	as cardiac or reepi	ratory ar	real,	Interval Between
	iMMEDIATE CAUSE (Fin disease or condition	el		So	2800								Onset and Death
	resulting in death)		DUE TO	OR AS A CO	DS NO	F):							7 coy
z			(my	reted	Ds.	ent	ent	اسا	C	leer			3 weeks
CERTIFICATION	Sequentially list condition if any, leading to immediate	liete	Double	(OR AS A COI	NSEQUENCE O	F):	1.	1		02.4			14000
3	cause. Enter UNDERLYII CAUSE (Disesse or Injur		~		NSEQUENCE O		ar		tere	XXXX			2/2041
Ē	that initiated events resulting in desth) LAST		DOE 10	(OH AS A CO	NSECUENCE U	r):							
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4	PART II. Other algnificer	nt condition	e contributing to	deeth but n	not recuiting	in the un				Part I. 24s. WAS AN			
EDICAL	more	n ag	renden	OR	aliel	4	1	cem	lus	I .		- 1	COMPLETION OF CAUSE
Σ										_			1 - YES 2 - NO
PHYSICIAN:	DID TOBACCO US		RIBUTE TO CA					UNC	ERTAIN				
io i	EXAMINER?	MEDICAL	HOSPITAL:		PLACE OF DEA	OTHER	2						
¥	27. MANNER OF DEATH		1 Inpetient 2		28b. TIN				7		I II IBY OC	CURED	
ВУР		Pending nvestigation	(Month, D	ay, Year)		JURY M	WO	RK?		200. 0200.002 1.000 1		OUNED	
	2 Suitelds	Could not be	28a. PLACE O	F INJURY — A	At home, farm,	straa1, facto	ory, offic	•		281. LOCATION (Street a	nd Number	or Rural Ro	oute Number,
City or Town, State)													
COMPLETED	29a. CERTFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge	e, death occurr	ed at the ti	me, data	and place,	and dua 1	o the cause(a) and man	ner sa ate	ted.	
∑										ime, data and placa, and			and menner as stated.
w II	290. SIGNATURE AND TITLE		A 4		1 -	-		29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED ('Month, Day, Year)
8	Colyman		Altero		Docto	Y		D.	216	84		11-1:	2-96
2	30. NAME AND ADDRESS OF C.V.CYRIAE	M.D	S-109	SE OF DEATH	(ITEM 27) (Type	Print)	PA			MO 211	22		
	NOV15	1996	The Day	R'S SIGNATUR								· ·	
		-											

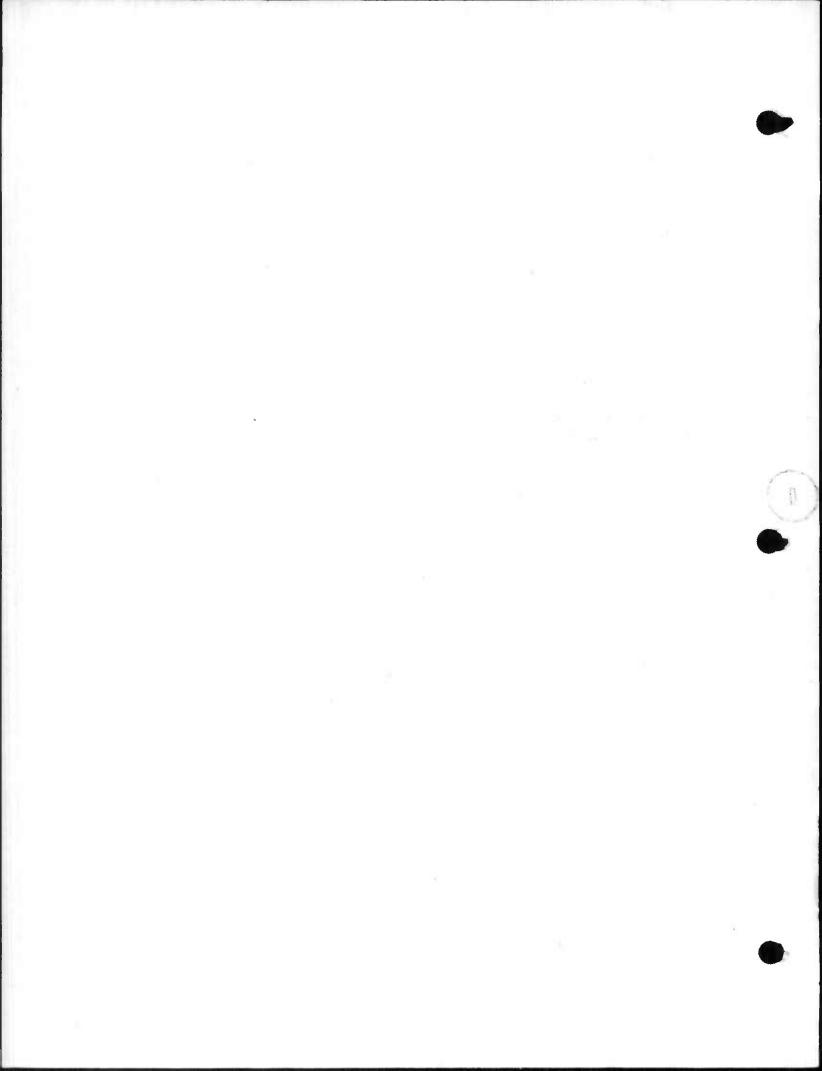
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BACTIMORE, MARYLAND 21215-0020

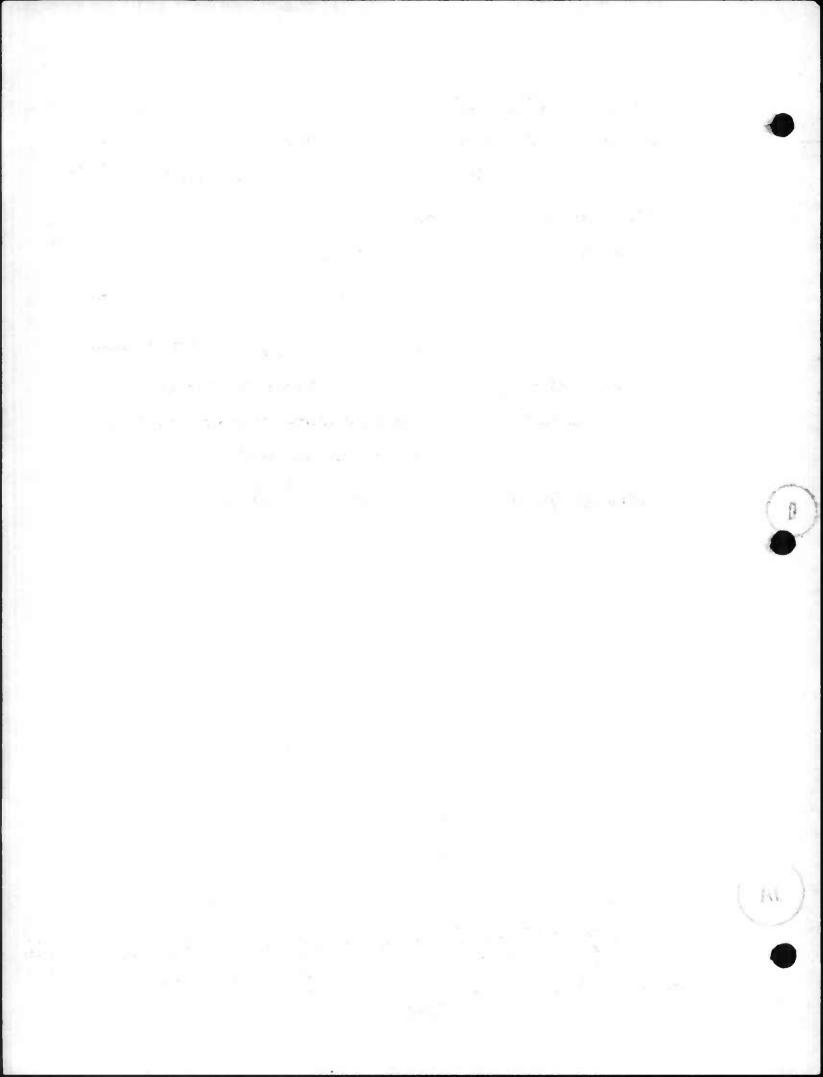
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State of Maryland / Department of Health and Mental Hygiene 95 31.381

						Certi	ficate of	Death		Reg. No.	0 0	4001
i.			1. Decedent's Neme (First, Middle, La	ist)					2. Date of D	eeth		3. Time of Deeth
	Physici /Medi		1 Stock	1. Jave	.(Netin	Dey	or or 6	Coo Am
3	Examir		4e. Fecility Neme (If not institution, given	re street end number)				4b. City, Town, or I			y of Deeth	
			Montgomery Gene	eral Hospita	al			Olney		Mont	gomary	•
	Funeral			Contraction of the	(In yrs. last bi		If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	(Month, D	irth	9. Birthpled	ce (State or Foreign
	Director		Usuel Residence of Decedent	52 52		110.			July	13, 1944	Washin	D.C.
	tend		10e. Stete 10b. County		10c. City, Tov	vn or Loca	tion				10d	I. Inside City Limits
	Mary	Ö	Md. Carroll		Elders	sburg						1 ☐ Yes 8 ☐ No
	the	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Country	n
	3a o	0	2604 Bomek Circle	<u> </u>			21784			U.S.		
	death	Funeral	11. Meritel Status	12. Wes Decedent Ex	ver In U,S.	13. We	s Decedent of H	Hispenic Origin? (S	pecify Yes or N		ce - American	indien,
Maryland 21215-0020	permit. Pages 1 end 2 should be filled within 72 hours after death with the Maryland Department of Health end Mental Hygiena. Important: if Item 27 is marked other than "nature!, or items 23a or 28a-f show any injury or other traumatic event, the Medical Evantice must be inclifted at once.	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☼ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:			es, specify Cub	en, Mexican, Puert Specify:	o Rican, etc.)		ock, White, etc fy: White	
5-0	72 ho	Completed	15. Decedent's E		16e	. Deceder	nt's Usuel Occup	petion during most of wor	kina	16b. Kind of B	susiness/Indus	stry
21	ithin	헏	Elementery/Secondary (0-12)	College (1-4or 5+) _	life. DO	NOT use retired	d)	Kiiig	Pet- An	imal	
2	wed w	Co		+2	F	Profe	ssional	Groomer		ICC- A	THEAT	
Pu	tai H d oth	Be	17. Fether's Neme (First, Middle, Lest					18. Mother's Nen			ne)	
Xla	Men Men arke	2	Robert H. Gi	.bbon	.,			Dorothy	Jane Be	ergmann		
Jar	2 sh end la m		19e. Informent's Neme/Reletionship (_		end Number or Ru				ode)
	es 1 end of Health of Hem 27 or other 1		Sherry Lynne H	IONI				ircle Eld	dersburg	-		
altimore,	Pages 1 ment of H ant: If Ite ury or ot		20e. Method of Disposition 1 ☐ Burial 2 【Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specil		cemete	ry, cremet	ion (Neme of tory or other ple emation	Service	11/15/9	20c. Location 6 Hamps		
alt	permit. F Departme Importan any Injur		21. Signeture of Funerel Service Licer	nsee		22. N	leme end Addre	ess of Fecility Haigh	t Fune	ral Uomo		
٦			Harry TU. 7	sight.		P	0.Box 1	95 Sykest	ville.	Md. 2178	4	
п			23a. Pert1. Enter the diseese, or com shock, or heart feilure. List only	plications that caused to	he death. Do						A	pproximete
Я	Physician		orion, or riodit foliare. Clay orny	Ong couse on court into	€		^				, 0	ntervel Between Inset end Deeth
И	/Medical		Immediete Ceuse (Finel diseese or condition	(,)1	a (lar)	Lanc	RS			T	Yo 15
ш	Examiner		resulting in deeth)	e	ue to (or es e	conseque					10	20 1/2/2
	D #	ner										
	eath certificate be asscuted attending physician and for use as the burial-transit	Examiner	Sequentially list conditions,	D	ue to (or es e	conseque	nce of):					
50,	oe axe cian a		if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury									
68760,	ohysk the t	edical	thet initieted events resulting in death) Lest	D	ue to (or es e	conseque	nce of):					
9 X	entific ding p	2	L	d.								
Box	ath ce	lan									ĺ	
	The law requires that the death or atendate hes been signed by the attendate 2 should be detached for us	Physician/	Pert II. Other significant conditions of	ontributing to death but	not resulting I	n the unde	erlying cause giv	ven in Pert I.	23b. Dlo	tobacco use co	ontribute to th	ne cause of death?
P.0.	hat the detac								10	Yes 2 No	3 Probab	bly 4 🗆 Unknown
Records,	signe d be	d by							24. 101	MINSON 155	Toth Ween	autony findings
Ö	neen Peen	Completed								s en eutopsy formed?	avalla	eutopsy findings able prior to eletion of cause
3ec	hes t	Įdr.									of dec	
<u>=</u>	cate	S	·						1 🗆	Yes 2 No	1□Y	res 2000
sion of Vital	inding Physician: The ath. The After this certificate to funeral director, pages.	å	25. Wes case referred to medical examiner?	Manhat			T	28. Place of Dee	th (Check only	one)		
ot	Physic this c	2	1 Yes 2 No	Hospitel: Impatient			3□ DOA Oth	4 U Nursing H		Idence 6 Ott		
Ĕ	After funer	Ö	27. Menner of Deeth 1 ⊠Naturel 5 □ Pending	28e. Dete of Injury (Month, Dey		Time of Injury	28c. Injur Wor		28d. Describe	how Injury occur	rred	
S	the t	cat	2 Accident investigation 3 Suicide 6 Could not b					Yes 2 No				
Ž	or A	Certification:	4 ☐ Homicide determined	28e. Plece of Injury building, etc.		erm, etreet	, fectory, office			(Street end Num. own, Stete)	ber or Rural A	loute Number,
7/	De li	- 1	200 Continue 200 att 1 au									
91	18 4 V	edical	29a. Certifier Certifying Ph (Check only one)	ysicien: To the best of niner: On the basis of e	xeminetion er	e, desth oc nd/or inves	ccurred et the tin tigetion, in my o	ne, dete end plece pinion, deeth occu	, and dua to the rred at the time	cause(s) and m , dete end place,	enner as state end due to th	ed. e cause(s)
-	To referent or standing Physician: The law withing thou are feath. To in the conflicte hese completely filled in by the funeral director, page 2	Mec	29b. Signature and title of certifier	end menner stete	Λ <u> </u>		29c. Licens	e number		29d. Dete signe	ed (Month De	v. Year)
	or will		· //./	()/()	1	m	03	2684		A / A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 1291
			Jun 1	1000	0	· 5)	100	2000		Noven	1 00	11/1/16
	5		30. Name end sddress of person who	completed cause of dea	ith (Item 23e)	(Type, Pri	27	01.1	10	7/2	hn	500C
	0.		-31. Dete filed (Month, Dev. Year)	A 32 Banistra	s Signature	111	KILUCK	LUIII	5 MI.	JIK	7/100	0000
	Sta Registr		31. Dete filed (Mort), 37, 1996	Jahr a wel	or Rank	M					0	

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State of Maryland / Department of Health and Mental Hygiene 96 34382

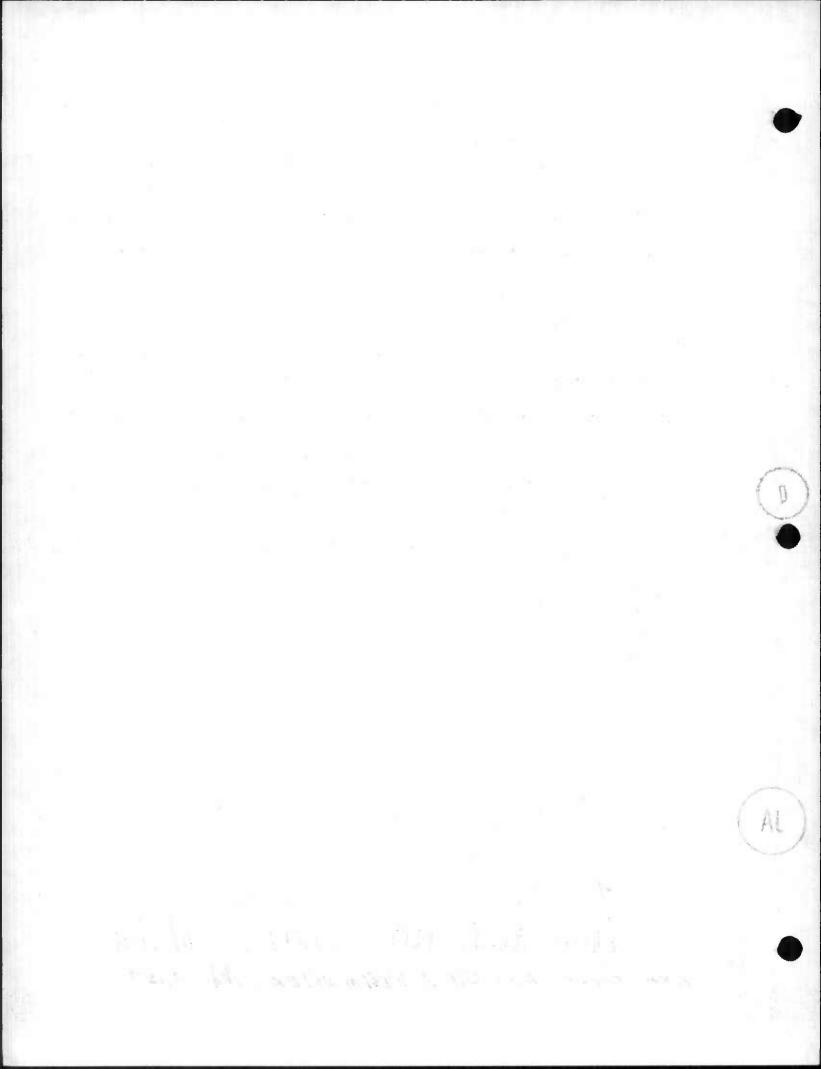
						Cen	tificate of	Death		Reg. No.	, ,	0 7006
	Physic		Decedant's Nama (First, Middla, La	Gladys	M. Tv1	er e			2. Data of Date Month Novem	ath Day	Year 1996	3. Time of Death
Y.	/Medi		4e. Fecility Neme (If not institution, giv		110 1710			4b. City, Town, or L				2095
	Examir	ner	Washington Cou		a1			Hagerst	own		hingto	on
	Funeral Director		214 38 2129	Sex 7. Ag	a (In yrs. last i. 87	Yrs.	If Undar 1 Yaa Months Days		8. Data of Birt (Month, Day Dec • 24	1, 1908	9. Birthpla Countr Mary	aca (Stata or Foreign ry) /Land
	and *		Usuel Rasidance of Dacedant 10e. Stata 10b. County		10c. City, To	wn or Loc	afion				10	d. Inside City Limits
	Mary	ŏ	Maryland Anne Ar	rundel	Lint	hicu	m					1 ☐ Yas 2 🕱 No
	28a	Director	10e. Streef end Numbar				10f. Zip Coda			10g. Citizan of \	What Counfr	N?
	th with	a D	526 Forestview	Road			210	90		U.S		<i>'</i>
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinat must be positived and	by Funeral	11. Maritel Stetus 1 ☐ Naver Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forcas? 1 Yes 2 1. If Yas, Giva Yaar or Detes:			Ves Decedant of Yas, specify Cul	Hispanic Origin? (Sp ben, Mexican, Puarto Specify:	pecify Yas or No- Rican, atc.)	14. Rec Blai Specify	ce - Amarica ck, Whita, et	
2-0	72 ho	ted	15. Decedant's E	ducation	16	a. Deceda	ant's Usual Occu	pation		16b. Kind of B	usinass/indu	ustry
21	ithin 7	Completed	(Specify only highest gra Elamantary/Secondary (0-12)	Collega (1-4or 5				a during most of work ed)	King			
7	ygier ygier ner th	ဝိ		5+ year	s	Tea	cher			Elemen		Schoo1
Maryland	Do by Other H	Be	17. Fathar's Nama (First, Middla, Last,					18. Mother's Nem	na <i>(First, Middl</i> a, eita Ann			
Ž	d Mei d Mei rarks	2		-		N. 64-111	4.11				-	
<u>8</u>	d2s then 7 is r		19a. Informant's Name/Ralationship (Robert D. Tyler	/ son				at and Number or Ru rood Court				
e,	Heal Heal em 2		20a. Mathod of Disposition	, 5011	20b. Place	of Dispos	ition (Name of		Data Data	20c. Location		
JO T	ages ant of t: If it y or o		1 X Burlai 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spacif				atory or other pl	ial Park				
altimore,	artme ortan injur		21. Signatuperof Funeral Service Licer		Gien		Nama end Addr					
4	Depa impo any i		Man Da	2	6	7		hie Highwa	Gonce F			
d			23st Part1. Enter the disease, or com- shock, or heart failure. List only	cetions thet caused	tha death. Do							Approximate
1	Physician /Medical Examiner		Immediata Causa (Final disease or condition resulting in death)					ntarction Disease		·		Intarval Batween Onsaf end Death
		20	resulting in death)	1	Dua fo (or as	a consaqu	ence of):				I	
	nsit	Examiner)iseque				1ears
,	exect n and iel-tra	Exal	Sequentielly list conditions, if any, laading to Immadiata causa. Entar Undartying Causa (Disaese or injury		Dua to (or as a	a consequ	ance of).				/	
68760,	eath certificete be executed attending physician and for use as the buriel-transit	edical	that initiated avants	C	Dua fo (or es e	CODESCU	anna off:					
_	g phy es th	g	rasulting In daath) Last		Dua to (or es e	consaqu	ance or):					
ŏ	andin r use	M/ue		d								
B	thet the death cert ed by the attendin detached for use	Physician/	Part II. Other significant conditions of	ontributing to death bu	ut not rasulting	in tha und	darlying causa g	ivan in Part I.	23b. Did t	obacco use co	ntribute to 1	the cause of death
<u>Ч</u>	et the by the	Phy	Damenta	_	•		, ,		101	res 2⊠ No	3 Probe	ably 4 Unknow
Ś	igned be de	þ	Dernentia									
Records, P.O	The law requires thet the death or the best or signed by the attend page 2 should be detached for us	Completed	Dementia Sacral Decubit	ne		- <u> </u>			24a. Was i	en autopsy mad?	com	re autopsy findings lable prior to apletion of cause eeth?
_		Con							1 🗆 Y	es 25 No	10	Yas 2□ No
Vital	ilan: ortifica ctor,	Be (25. Was case rafarrad to medical examiner?					26. Pleca of Daa	th (Check only o	na)		
>	Physician: The la r this certificate hes	2	1 ☐ Yas 2 No	Hospitel: 1 Inpatia	nt 2 ER/C	Outpatient	3□ DOA O	thar: 4 Nursing H	ome 5 Resid	ance 6 Oth	ar (Specify)	
ב	ng Pi		27. Mannar of Deeth 1 ☑Natural 5 ☐ Panding	28a. Date of Injur (Month, Day	y Year) 28b.	Time of Injury	28c. Inju	ury ef ork?	28d. Dascribe h	ow Injury occur	red	
Sio	leath.	cati	2 Accident invastigation 3 ☐ Sulcide 6 ☐ Could not be]Yas 2□No				
Division of	or Att	Certification:	4 Homicida datarmined	28a. Place of Inju- building, ato	iry - At homa, c. (Spacify)	farm, stra	at, factory, office		28f. Location (S City or Tow	itreet and Numb n, Stata)	er or Rural i	Routa Number,
_	To the Hospital or Attending Physician: while 24 hours fefer death. To the Funeral Director: After this certific completely filled in by the funeral director,	edical Ce	29a. Cartifiar (Check only one)	ysician: To the best of niner: On the bests of and mannar sta	axamination a	ga, daath o ind/or inva	occurrad at tha t astigation, in my	ima, data and place, opinion, daath occur	and dua to tha c	causa(s) and ma data and place,	annar as sta and dua to t	ited. lha cause(s)
	o the	Mec	29b. Signatura and titta of certifiar	and mainar sta			29c. Licen	sa number		29d. Data signe	d (Month, D	ay, Year)
100	F ₹ F Ö		1 at	(0)								
^			30. Nama and add(ass)of person who	complated cause of de	aath (Itam 23a)) (Type P	rint)	· · ·	/	- vembe	~ 171	7175
			Dwayne Shuha	+ MD	27911	Je He.	rson Blue	5472 Smithsl	ino MI	21783		
	Sta	te	31. Data filed (Month, Day, Yaar)	32 Ragistre	er's Signefura	20.10			7			

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

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					Cei	rtificate	of i	Death	7		Reg. No.		0,000
Physicia	.	1. Decedent's Name (First, Middle,								2. Date of Dee	eth Day	Yeer	3. Time of Death
Physicia /Medic		Harvey	Albert 1	riplett	, Jr.						11, 199		1:35pm
Examin	_	4a. Facility Name (If not institution,	give street end nu	ım <i>ber)</i>			4	4b. City, To	own, or Lo	ocation of Deeth		y of Death	
		2173 Bollir	nger Mill	Road				Fin	ksbu	rg	Ca	rroll	
ineral			6. Sex	7. Age (In yrs.		If Under 1 Months	Year	If Under Hours	r 24 Hrs. Min.	8. Date of Birt	h v. Yearl	9. Birth	place (Stete or Foreign
ector		215–30–4121	1 /2 M 2□ F	6	3 Yrs.					May 21	, 1933	Mary	Tand
-		Usual Residenca of Decedent 10a. State 10b. County		10c. Cit	y, Town or Lo	cation						1.	10d. Inside City Limits
nothiedat	5	MD Carr	വി			Finksl	OLLING	Υ					1 ☐ Yes 25 No
DO DO	Director	10e. Street end Number	OII			10f. Zip (J	-		10a Chinan at	What Carr	
	ā		Mill T	٦٥٥٩		101. Zip (1040			10g. Citizen of		
	Funeral	2173 Bollinge		cedent Ever in U	S 13 1	Nac Doords		1048	dain? (Cn	ooify Voc or No		.S.A.	can Indien,
		1 Never Married 2 Marrie	Armed F	orces?	,5.	f Yes, specif	y Cube	n, Mexica	n, Puerto	ecify Yes or No- Rican, etc.)	Ble	ck, White,	
	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, G	ive		1□Yes 2	No.	Specify.	;		Specia	fy: Wh	nite
	P P	15. Decedent's			18a. Deced	dent's Usual	Occup	ation			16b. Kind of B	Business/In	dustry
	Completed	(Specify only highest Elementary/Secondary (0-12)	grade completed) College ((Give	kind of work DO NOT use	done	du <i>rina</i> mos	st of work	ing			,
	E	12	College (1-401 3+)	Sh	op For	rema	an			Heavy	Eoui	pment
	Bec	17. Father's Name (First, Middle, Li	ast)						er's Name	e (First, Middle,			
0	To	Harvey Albe	ert Tripl	ett, Sr	•			В	ertha	a Lutz			
		19e. Informant's Name/Relationshi	p (Type, Print)		19b. Mailir	ng Address	Street	and Numb	er or Rura	al Route Numbe	r, City or Town	, Stete, Zij	p Code)
omer traumanc event,	1	Mrs. Dolores Tr	ciplett (Wife)	2173	Boll	inge	er Mi	11 R	oad Fin	sburg,	MD 2	21048
		20a. Method of Disposition			Placa of Dispo	sition (Nem	e of	(a)		Date	20c. Location	- City or To	own, Stete
0		1 □XBurial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe		State					ark 1	11/15/96	Sykes	ville	e. MD
any inju	-	21. Signature of Funeral Service Li	censee		22	. Name and	Addres	ss of Facili	ity				
E 8		1 Sprices &	Houds	_	H	AIGHT	FUN	VERAL	HOM	E & CHAI	PEL (P.	O. Bo	ox 195)
		23a. Part1. Enter the disease, or coshock, or heert failure. List or	omplications that	caused the death	h. Do not ent	Idersler the mode	of dvin	g, MD	2178 cardiec	B4 (410)) -795-1 rest.	400	Approximate
cian		shock, or heert failure. List or	nly one cause on e	each line.		^							Interval Between Onset and Death
cal		Immediate Cause (Final	Ma	TA CTI	TIC	(10)	10	(1)	04				21110
ner		disease or condition resulting in death)	a. W	Due to (o	r es a conseq	uanca of):			OF				Juan,
	ner			500 10 (0	1 03 a conseq	derice ory.						1	
6	Examiner	Sequentially list conditions.	b	Due to (o	r as a conseq	uenca of):							
		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events											
	edical	that Initiated events resulting in death) Last	C	Due to (or	r as e conseq	uenca of):						+	
	Med	Tooling in South / East										1	
			d										
	Physician	Pert II. Other significant conditions	s contributing to d	eath but not resu	ulting in the ur	nderlying car	use give	en in Part I	l.	23b. Dld to	obacco usa co	ontribute to	o the causa of death?
atech	Ph									1 🗆 Y	es 2 No	3 □ Pro	bably 4 Unknow
5	ρ												
should										24a. Wes a	an eutopsy	24b. W	ere autopsy findings
	De					<u> </u>				perior	ineu :	co	mpletion of cause death?
	Completed									1 🗆 Y	es 2 No	1[Yes 219No
	_	25. Was case referred to medical						26. Place	e of Death	Check only/6			
	0	examiner?	Hospital:	Inpatient 2	ER/Outpatien	t 3 DOA	Othe	or:	ursing Hor	1		ner (Specif	(v)
		27. Manner of Death		of Injury th, Dey Year)	28b. Time of		c. Injury Work			28d. Describe h			,,
1	atio	1 ☐Natural 5 ☐ Pending investigat		iri, Dey rear)	Injury	М		Yes 2	No				
1	110	3 ☐ Sulcide 6 ☐ Could no determine	ad 286. Place	of Injury - At ho	me, farm, stre	et, factory,	offica		:	28f. Location (S	treet end Numi	ber or Rura	al Route Number,
	Certification:	V LI HOMOIDO	Duildi	ng, etc. (Specify	')					City or Tow	n, 31 8 18)		
		29a. Certifier 1 Certifying	Physician: To the	best of my know	wledge, death	occurred et	the tim	e, date an	d place, a	and due to the c	ause(s) and m	anner as s	tated.
1	edical	(Check only one) 2 Medical Ex	aminar: On the bi	asis of examinat her stated.	ion end/or Inv	estigation, in	n my op	oinion, dea	th occurre	ed et the time, o	late end placa,	and due to	o the cause(s)
	-	29b. Signature and title of certifier		_		290.	License	number		2	9d. Dete signe	d (Month,	Dey, Year)
		MALL	12 9/1/	ull	MW)		150	539	2		11/13/	9/2	
		30. Name and addings of person wh	o completed caus	e of death (Item	23a) (Tune 1	Print)	-					. 0	
		684 Pag/=	DI.	STE	A 10	cet	1.4	STE	0	MJ.	2115	7	
State		31. Date filed (Month, Day, Yeer)		egistrar's Signat		531/1	IN.	16,	1	1119	~//3	/	
gistra		NOV1 5 1996		biolion Rane									
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State of Maryland / Department of Health and Mental Hygiene

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ician				001	rtificate of	Dealli		Reg.	No.		
dical	1. Decedent's Name (First, Mid Catherine The		bosch				Moi	of Deeth	Dey	Yeer 1996	3. Time of Death
niner	4a. Fecility Neme (If not instituti Gilchrist Cent			are		4b. City, Too Towso	wn, or Location of		4c. County		
al er	5. Sociel Security Number 127-09-0665	6. Sex 1 □ M 2∑ F	7. Age (In yrs. 81	lest birthday) Yrs.	if Under 1 Year Months Deys			of Birth	1915		ce (Stete or Foreign y) 1 vn , N , Y .
	Usuel Residence of Decedent 10a. Stete 10b. Count		10- 04	. Taum and a	41						
ctor	Maryland Anne			y, Town or Lo evern	cation					100	d. Inside City Limits 1 ☐ Yes 2 ☑ No
ai Dire	10e. Street end Number 1889 Rutledge	Court			10f. Zlp Coda 2114	4				Whet Country State	•
by Funeral Director	11. Maritel Status 1 □ Never Married 2 □ Ma 3 ☑ Widowed 4 □ Divorca	rried Armed For	2 ₫No e		Was Decedent of f Yes, specify Cub l ☐ Yes 2 ☐ No		gin? (Specify Ye , Puerto Rican, e	s or No-	Bla	e - American ck, White, etc	c.
Be Completed b	15. Decade	nt's Education est grede completed)	105.	16e. Deceo	dent's Usuel Occu kind of work done DO NOT usa retire	pation during most	of working	16b		usiness/Indu	
E	Elamantary/Secondary (0-12)	Collage (1	-4or 5+)	me. E							
e C	10 17. Fether's Neme (First, Middle	, Last)			Politic		r's Name <i>(First,</i>	Middle, Meld			Party
To B	Joseph Bykowsk	i				Heler	ne Galic	ka			
-	19e. Informent's Neme/Relation			19b. Mailin	g Address (Strea				ty or Town	Stete. Zin C	code)
	Barbara A. Nug	ent (Daugh	ter)		Rutledge				_	d 2114	
	20a. Method of Disposition		20b. P	loop of Dieno	sition (Nema of netory or other ple		Deta		-de	City or Town	
	PostBurial 2 ☐ Cremetion 4 ☐ Donetlon 5 ☐ Other (Specify)	St.	Joseph	Church	Cem.	11/15/9	6 Fu	llert	on,Mar	ryland
	21. Signature of Funeral Service	f- gar	ey L. G	R	Neme end Addre uck Tows 050 York	on Fur	neral Ho			21204	1
4	23a. Pert 1. Enter the disease, of shock, or heert fellural Lis	r complications that ca	used the deeth	. Do not ente	er the mode of dyl	ng, such es	cardiec or respire	tory errest,	утапа	. A	pproximete
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State of Maryland / Department of Health and Mental Hygiene 96 34385

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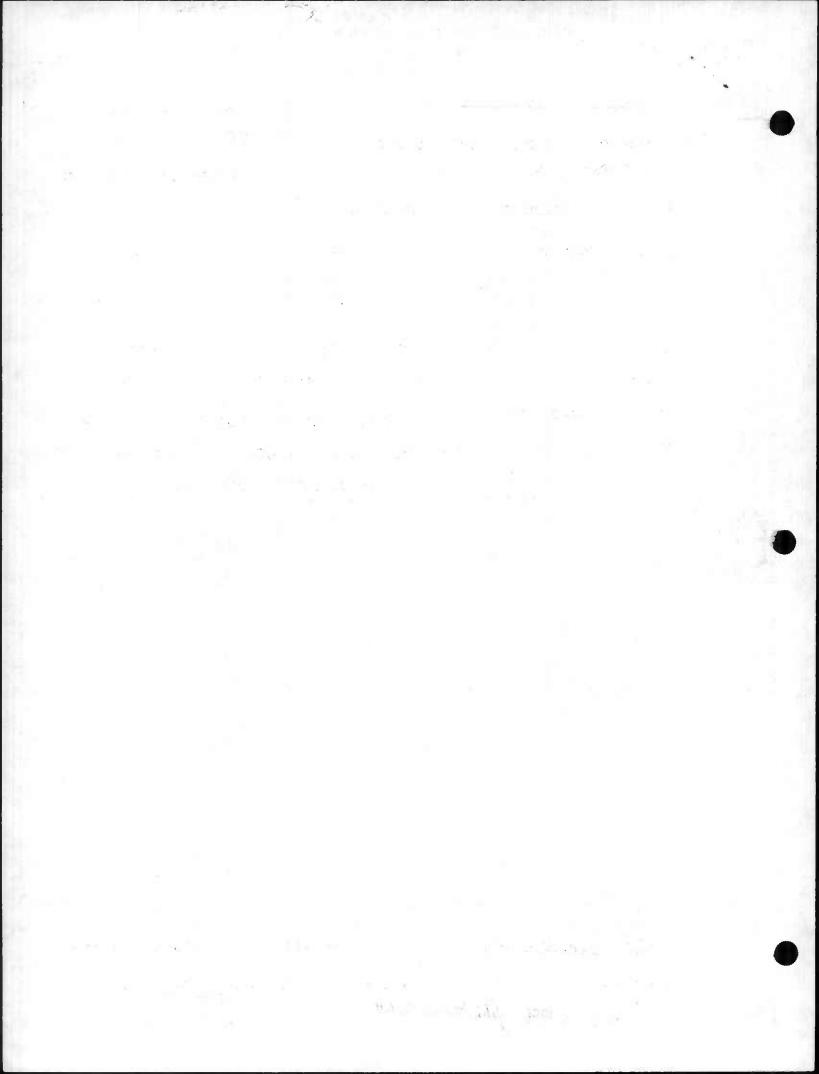
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Manyland / Department / Department / Depart State of Maryland / Department of Health and Mental Hygiene 96 31386

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) alexa	(SAD	M	7387	0)croser	24, 19	16
	30. Nama and address of person who							
	DR. EMIL IN	lek, no 600	NORTH WOLFE S	T. BALTI	MURE	MARYUM	00	
State Registrar	31. Data filed (Month, Day, Year)	32. Registrar's Signal	LON-Rardell		9			
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Please Type or Print in Black Incielible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene F'ILM G-741 11/15/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3 Time of Death Month **Physician** harles Michael Wiseman Jr. 12:53 1 November 9, 1796 /Medical 4a. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimere my Good Samaritus Itospital, Bultmere, MD Ball: were city If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign Country) **Funeral** 12M 2□F 220 62 2274 42 Yrs. Director Ylob MAYLAND Usual Rasidanca of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ral", or items 23a or 28a-f show Examiner must be notified at 4 Tes 2 No MAN/And BALTIMORE BAltimore MIDDLE RIVER Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21220 921 Susquehanna AVE USA permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" or items 23s any injury or other traumatic event, the Medical Examiner must ponce. Funerai 12. Was Decedant Evar In U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 Yas 2 No If Yas, Giva 1 Yas 2 No Specify: ρ Specify: lf Yas, Giva Yaar or Datas: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedent's Education (Specify only highast grada complated) 16b. Kind ot Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Contractor Electriciam 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Charles Wiseman MARJORIE Harwood Knox 2 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Susquehamna Ave Heidi WIFE Baltimore Maryland 21220 Wistman 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata November 1 ☐ Burial 2 Ø Cramation 3 ☐ Ramoval Irom Stata EVAMS FUNERAL CHAPEL - Bel Anr Forest Hill, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 10 1996 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility EVKMS Chapel of Memones R Kmm 8800 HArtord Rd Baltimore MD. 21234 23a. Pert1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Small cell Lung Cancer /Medical Immediata Causa (Final disaasa or condition resulting in deeth) 10 months Examiner Dua to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificata be executed physician and the burial-transit Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consaguança ol): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of): 88 esn Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 35 Probably 4 Unknown Deep venous 2. cubmorut ģ 24b. Wara autopsy tindings available prior to complation of causa of death? 24a. Was an autopsy performed? s certificate has b sirector, page 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No Attending Physician: Be 25. Was casa ratarrad to medical examinar? 26. Placa of Death (Check only ona) Hospital: 1 Npatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2N No this 28a. Data of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be detarmined 3 Suicida 28I. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Pleca of Injury - At homa, tarm, straat, lactory, office building, atc. (Specify) or A after Direc 4 Homloida 29a. Certifiar 1 🔀 Certifying Physician: To the best of my knowledga, daath occurrad at tha tima, data and placa, and dua to tha causa(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signad (Month, Day, Year) (MW) 11840 November 9, 1996 30. Nema and addrass of parson who complated causa of death (Item 23a) (Type, Print) Perz, MD Good Samaritan Hospital Ballimore MD K Lobert 31. Data liled (Month, Day, Year) NOV 1 5 32 Apoistral's Signatura Randall State 1996 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 34388

						Ce	rtificat	e of	Death			Reg. No.	0	, 0 0 0
П		п	1. Decedent's Neme (First, Middle,	Last)							2. Dete of De	eth		3. Time of Death
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	lend wo		10e. Stete 10b. County		10c. C	ity, Town or L	ocation						10d	I. tnside City Limits
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	iter d	Funeral Director	11. Maritel Stetus	Armed F	cedent Ever in l	0,5. 13.	If Yes, spec	cify Cub	en, Mexicar	n, Puerto	ecify Yes or No Rican, etc.)	Ble	ce - American ck, White, etc	
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	permit. Peges 1 and 2 should be filed within 72 hours after death with the Menylan Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at anote.		Armen H. Tho			6	306 R	owe				D 21228		
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<u>Ф</u>	requires that the death cer been signed by the attendin should be deteched for use	Physician	Atrial	F, L	24/1/	atia	2				10	Yes 2 No	3 Probat	bly 4 Onknown
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Division of	ding Pi h. After ti funere		27. Menner of Death 1 DNatural 5 ☐ Pending	28a. Dete	of Injury oth, Dey Year)	28b. Time o	of 2	8c. Inju Wo	ry et		28d. Describe	how Injury occur	red	
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ž		Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Hornicide determin	ed 286. Piec	a of Injury - At h		reet, fectory	, office			28f. Location (City or To	Street and Numi	ber or Rural R	loute Number,
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	N		30. Name and eddress of person wh	o completed cau	se of deeth (Ite	m 23a) (Type,	Print)					4		
	1.		BARBARA C	ARRO	ILL,M	1.D.,	615	C	HES	TI	JUT,	AVE.,	TOU	150N
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ITEN: 27, PER DR. FILM g-741

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 11/15/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** 2)6. Month WHITE WILLIAM 96 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BACT OF MARYAN) Emed GERGY. UNIVERSIM If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 217-30-8748 Months 12M 2 F Yrs Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Madical Examiner must be notified at Yes 2□No Director RACT. CIIM ACTIMONE 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? Peges 1 and 2 should be filed within 72 hours after death with to nent of Heatth end Mental Hygiena. Int: If Item 27 Is marked other than "natural", or Items 23a or 2 2 21 10 BEMN & TT 12. Was Decedent Ever In U.S. Armed Forces? 1 Mayes 2 No Will If Yes, Give Yeer or Detes: 14. Race - American Indien, Btack, White, etc. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritai Status 1 Never Married 2 Married 1□ Yes 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) ergant U.S. 7. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Stevenson White Inginia 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Burel Route Number, City or Town, Stete, Zip Code) Wife nt of Health e : If Item 27 is or other tra Dorothy white -1026 Bennett Balto, md 21222 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete Dete 15 Burial 2 Cremetion 3 Removel from State Vet 8/96 permit. Pege Depertment o Important: If any injury or once. Garrison toxes Oling mills, and 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility

Mach FH-West 4300 Wabash 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Rebu Onset end Deeth Physician /Medical Immediate Ceuse (Finel UMRESPONSIVEMENS. CARDIO PUCMODIANY diseese or condition resulting in death) Examiner TEANT FAMELE Hospital or Attending Physician: The law requires that tha death certificate be axecuted Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): attending physician for usa es the buria D1500A Physician/Medicai Due to (or es e consequence of): signed by the sid be datached Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown UNKAlowþ Completed 24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? After this certificate 1 Yes 1 Yes 2 No Be 25. Wes case referred to medicat 26. Plece of Deeth (Check only one) Hospitet: 1 ☐ Inpatient 2 SER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 1 Yes 2 No 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1XXNaturel deeth. 1 Tyes 2 □ No 2 Accident within 24 hours after deet To the Funeral Diractor: completely filled in by the In by the Cauld not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 D Homicide 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) and menner stated. Medical the th 29b. Signature and life of cartified 29c. License number #46/45 29d. Date signed (Month, Dey, Year)

State Registrar 31. Dete filed (Month, Dey, Year)

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30. Neme end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

Mary Ch. Kenneth Buther

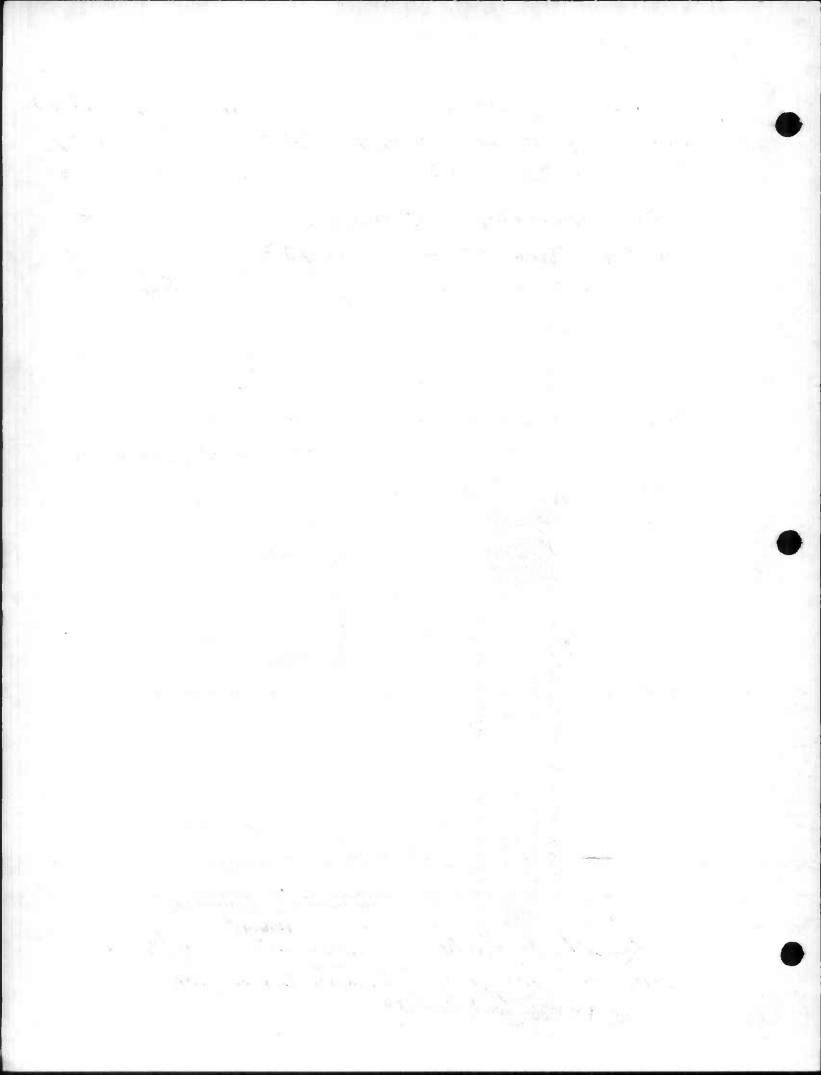
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Baltimore, Maryland

P.O. Box 68760.

Division of Vital Records.



State of Maryland / Department of Health and Mental Hygiene 96 34390

					Certificate of	Death		Reg. No.		4330
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/Medic	al	Floren		1	MEISH		Novemb		1996	2:45
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Funeral		5. Social Security Number 6. S		In yrs. last bin	hday) If Under 1 Yaar				4	
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28a-f show	tor	Maryland Baltin	more		Carney					1 ☐ Yas 2 €
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Depertment of Haath and Mental Hygiens. Important: If Item 27 Is marked other than any injury or other traumetic event, tra Magness.		Bill Wells	, , , , , , , , , , , , , , , , , , , ,	130.		obelia Rd	. Raltin	nove may		21234
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	-	30. Name and addrass of person who o	complated causa of daati	h (Item 23a) (Type, Print)				,	
		30. Name and addrass of person who of Dr. Wister 31. Data filed (Month, Dev. Year)	complated causa of daati	117 1	A \	LO3 Re	sterstom	1 MD		

State of Maryland / Department of Health and Mental Hygiene 96

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iena. r than "natural", or itema 23a or 28a-f show tra Madical Examinet must be notified at	Funeral	11. Marital Status	12. Was Daceda Armed Force	ant Evar in U,S.	13. V	Vas Decedant Yas, specify (of Hispanic	c Origin? (Sp	pecify Yas or No Rican, atc.)	0- 14. Ra	ce - Amaric	
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5 4	d by	3. Widowad 4 ☐ Divorced	Yaar or Data	is:						Specia	y. DIAC	
ena. than "natu tra Madical	Completed	15. Decedant's l (Specify only highest g	Education rada completed)	1	6a. Deced	ent's Usual Ockind of work do	cupation	most of work	kina	16b. Kind of E	Businass/Ind	dustry
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nd Mental marked o imatic eve	P	Arthur Bannerm								a Stalli		
6 8 2		19a, Informant's Name/Relationship								per, City or Town		Code)
n 27 n 27 ner tu		Annie McCrimmon	/ Daughte					Balti	more, l	Md. 2123		
pormit. Trages I and a more trages I and a moortant: If them 27 I any Injury or other trages.		20a. Mathod of Disposition 1 □XBunal 2 □ Cramation 3	□ Removel from Ste	0.000	e of Dispos etery, crem	sition (Name o atory or other	f place)	į	Data	20c. Location	- Cify or To	wn, Stata
		4 Donation 5 Othar (Spec		Mt !	Zion	Cemetei	У	1	1/16/9	Landsd	lowne,	Md.
		21. Signatura of Funaral Sarvige Lice	ensaa		22.	Nama and Ad	drass of F	acility				
SESS		11 0	Cha						meral I		0101	-
		23a. Part1. Entar tha disaasa, or co shock, or haart failure. List onl	mplication sthat caus	sad tha death.	Do not anta	II Pari	dving. suc	gnts A hascerdiac	or raspiratory	Lto. Md.	2121	Approximata
xaminer and transit	Examiner	resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	a. Acu	Due to (or ex								
the bur	/Medical	Causa (Disaasa or injury that initiated evants rasulting in daath) Lest	C	Dua to (or as	s a consequ	ance of):		<u> </u>				
1	Physician/N	Part tt. Other significant conditions	contributing to death	h but not resultir	ng in tha un	darlying ceuse	givan in P	Part I.	23b. Did	tobacco use co	ontributa to	the cause of death?
igned by the best by the best desired		coronary ar	tery dis	ease					1	Y00 2 XNO	3 ☐ Prot	babty 4 Unknow
s been s 2 should	Completed by		8							s an autopsy omed?	ava	ara autopsy findings ailabla prior to mplation of causa daath?
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After th funeral	ation: T	27. Manner of Death 1 Naturel 5 Panding 2 Accidant invastigation	28a. Deta of li (Month, I	. 1	b. Time of Injury	28c. I	njury at Work? I □ Yas			how Injury occu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Certification:	3 ☐ Sulcida 6 ☐ Could not datarmina	28a. Placa of	Injury - At home etc. (Specify)	a, farm, stra	at, factory, off	ca			(Straat and Num own, Stete)	ber or Rura	l Routa Number,
within 24 hours after of To the Funeral Direct completely filled in by	edical (29a. Cartifiar (Check only one) 1 Certifying P	hystclan: To the basis minar: On the basis and mennar	of axamination	dge, deeth and/or inv	occurrad et th astigation, in n	e tima, dat ny opinion,	a and place, daath occur	and dua to the red at tha tima	causa(s) and m , data and place,	annar as st , and dua to	tated. tha causa(s)
within To the comple	Me	29b. Signatura and titla of cartifiar				29c. Lic	ansa numi	ber	T	29d. Data signe	ed (Month, i	Day, Year)
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1		30. Name and eddrass of person who				*	- an	ITIM	DOF.			
U		Anne S Wilson		SINAL		ITAL (it of	+61/11	UKC			
Sta Registr		31. Data Work 6 1996	gulia Do	strads Signatur	ndell							

Registrar

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State of Maryland / Department of Health and Mental Hygiene 9 6

						Cen	ilicate c) I L	Jeain			Reg. No				
	Physic /Medi		1. Decedant's Nama (First, Middla, Last) Mary Frosyn		lnych	nuk					2. Data of D	er På	¥ 19	38		a of Death
9	Exami	ner	4a. Facility Nama (If not institution, giva stree 711 S. East Ave.	t an <i>d</i> nu <i>mber)</i>				4			ocation of Dea	ith 4c.		of Death		
	Funeral Director		5. Social Sacurity Number 6. Sax 219-30-6992 1 M		(in yrs. last 85	birthday) Yrs.	If Under 1 Ye Months Da		If Undar Hours	Min. Febr	(Month, L	irth (a <i>y, Year)</i> 5 1911		9. Birthpl Coun New		ita o <i>r Foraig</i> n
	he Meryland	ector	10a. Stata 10b. County Maryland N/A		10c. City, To Balt	imore									1⊠`	e City Limits ∕as 2 □ No
	23e or 3	Funeral Director	711 S. East Ave.				10f. Zip Cod 212		1				S.A	What Coun	try?	
020	ours after des rai", or items Exansiner m	by	1 Nevar Married 2 Married 1	Vas Decedant Er rmed Forcas? □ Yas 2 X No Yas, Giva 'aar or Datas:		11	as Dacedant Yas, specify C	Cuba	spanic Orig n, Maxican Specify:	gin? (Spe , Puarto	ecify Yas or N Rican, atc.)	lo-				١,
121215-0020	d 2 should be filed within 72 hours after death with the Meryland th and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Mexical Examiner must be notified at	Completed	3 yrs. N/	n <i>platad)</i> oliega (1-4or 5+		(Giva kı lifa. Di	nt's Usual Oc nd of work do NOT usa re AMSTRES	na d tired	luring most)			N,	/A	usinass/ind		
Maryland	12 should be filed within h and Mental Hygiene. 'is marked other than traumatic event, the M	To Be	17. Fathar's Nama (First, Middla, Last) Myron Shandruk	h-1		OL 14-11-	A 14 (O)		Elai	n	(First, Middl				- 14.11	
	1 and 2 s Heelth an em 27 is r		19e. Intormant's Name/Ralationship (Type, F Olga Miller	mnry		_					imore,				Coda)	
Baltimore,	permit. Peges 1 and Department of Heelth Important: if item 27 any injury or other to once.		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramon 4 ☐ Donation 5 ☐ Othar (Specify)	al from Stata	cema	tary, crame Trinity	tion (Name of story or other Orthod	placi OX	Cemete	ry	Data 10v.18 1996	How	ard	City or To	MD	
Ball	Depart Import sny in		21. Signature of Funaral Sarvice Licansee	eline	ke	19	01 Ea	st	ern	Ave	Inc. Balt	Fune	eral	L Hon	ne	3 1
	Physician /Medical Examiner		23a. Part1. Enter the disease, or complication shock, of heart tailure. List only one call immediate Cause (Final disease or condition resulting in death)	ns that causad t usa on aach lina	the death. D	o not antar	tha moda of	dylng	, such as	cardiac o	or raspiratory	arrast,			Approxi Intarval	
ox 68760,	h certificete be executed ending physician end use as the buriel-transit	an/Medical Examiner	Saquantially list conditions, if any, leading to immediate cause. Enter Undartyling Cause (Disease or Injury that inflated evants rasulting in death) Last d	Cam	Qua to (or as	a conseque	ance ot):	>,	7 1245						129	
P.O. B	ires that the death signed by the atte d be detached for	Physicia	Part II. Other significant conditions contribut	ing to death but	not rasulting	in tha unc	erlying causa	giva	n in Part I.							se of death?
	es that igned b	by	Substances H	Hypor	MARI	S					1	Yes 2	No No	3 Prob	ably 4	Unknow
Division of Vital Records,	aw requisite parts of the second seco	Completed	Sud Buen H	emoro	4 -6	5.86					24a. Wa	s an autor formed?	psy	ava	liable pr	sy findings ior to of cause
tal F		e Cor	25. Was casa ratarred to medical				to the task		OR Place	at Darath	1 Check only		Sho	1□	Yas :	2 D NO
Į Ņ	D 00 Z	ToB	axaminar? 1 ☐ Yas 2 ☑ No Hospit	ai: 1 🔲 Inpatiant	t 2 ER/	Outpatient	3□ DOA	Otha			ma 3 Ras		6 □Oth	ar (Specify	')	
sion o	Attending Ph r death. ector: After th by the funeral	ertification:	27. Manner of Death 1 Natural 5 Panding 2 Accidant Invastigation 3 Suicida 8 Could not be	a. Data of Injury (Month, Day	Year) 28b	. Tima of Injury	28c. li		at ? ′as 2 □ h		28d. Dascribe	how Injur	ry occur	red		
ă	unn ther d	O	4 Homicida datarmined 26	e. Place ot Injur building, atc.	(Spacify)							own, Stata	1)			lumber,
1	T TO	edica	29a. Cartifler (Check only one) 10 Certifying Physician 2 Medicat Examinar: Cartifying Physician	: To the best of on the basis of a nd mannar state	examination :	ga, daath o and/or inve	ocurrad at the stigetion, in m	e tim	e, dete end Inion, daat	d place, a h occurre	and dua to the ed at the time	a causa(s) , data and) end me d place,	and dua to	eted. tha caus	se(s)
	0 0 0 F 5 F 0	Σ	29b. Signatura and thia of certitiar				29c. Lic	ensa	number					d (Month, L	Day, Yea	r)
	10		30. Nama and addrads of person who compia	led causa ot daa	ath (Itam 23a	ı) (Type, Pı		21	1271	٥		1]	. 15	10		
	Ψ		Dr. Simon Scalia	2801	Hud		Street	t	Ва	lti	more,	MD	212	24		
	Sta Registr		31. Data filed (Month, Day, Year) NOV 16 1996	32. Registrar	s Signatura	16										

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Deta of Death Month **Physician** JAMES EDWIN YOKUM 5,1996 November 7 a.m. /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 7125 Cresshire Road Dunda1k Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplaca (Stete or Foreign Country) **Funeral** 1 XX M 2 □ F Months 578-30-7514 Yrs. Director 70 December 20,1925 W. Va. Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, to Mexical Examiner must be notified at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Tyes 2 WNo Director Baltimore Dunda1k 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 7125 Cresshire Road 21222 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 Å No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14, Race - American Indian, Bleck, White, etc. 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Burner Bethlehem Steel 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Harry Lee Yokum Letha Elza 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Sandra Bounds/Daughter 7125 Cresshire Road, Dundalk, Md. 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 Bunal 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Brick Church Cemetery 11/10/96 Randolph Co, W. Va. 21. Signatura of Funerel Service Licensea 22. Nama and Addrass of Facility 23a. Pert1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Lilly & Zeiler Inc. Funeral Home 1901 Eastern Ave Approximata Intervel Between Onset and Deeth Physician Immediate Ceuse (Final disease or condition resulting in deeth) /Medical CARDIOPULMONARY ARREST Examiner Due to (or es e consequence of): Examiner END STAGE CHRONIC OBSTRUCTIVE LUNG DISEASE physician end the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseasa or Injury that Initiated events resulting in death) Lest Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760. CORONARY ARTERY DISEASE Physician/Medicai Dua to (or es e consequance of): 88 CONGESTIVE HEART FAILURE 980 0 signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CEREBRAL VASCULAR ACCIDENT ģ 24b. Wera autopsy findings evallable prior to completion of cause of deeth? Completed 24a. Was an autopsy EXPRESSIVE APHASIA certificate has 1 Yas 2 No PERIPHERAL VASCULAR DISEASE 1 □ Yes 2 □ No funeral director, 25. Was case referred to medical examinar?
1 ☐ Yes 2X No Be 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 AResidence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Dascribe how injury occurred 5 Panding investigetion or Attending death. 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be 3 Sulcida 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours e Hospital **Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, and due to the ceuse(s) end manner as steted.

2 Medical Examiner: On tha basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) and mennar stated. 29e. Certifier edical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 1 Wille 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Registrar

DHMH 16 Rev 6/95

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		State o	† Maryiai				f Health a of Death	na iv	Mental Hyg	giene (Reg. No.	96 3	4394		
1. Decedent's Neme (i	First, Middle, Las	st)							2. Dete of Dee	eth Dey	Yaar 3	3. Time of Death		
Thelma	Maria	2	Appenbr	ink					Novembe		1996	1:10 a.m.		
4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of I Towson 4c. County of I Baltimo								nty of Death imore Co						
5. Sociei Security Num			7. Age (In yrs	s. lest birt		Under 1 Ye	if Undar 2	24 Hrs.	8. Data of Birt			e (Steta or Foreign		
449-72-91 Usuei Residence of De	99	□M 2∏ F	89		Yrs. Mo	onths Day	ys Hours	Min.	8. Data of Birt (Month, De) NOV • 12	, 1907	Louis:			
	0b. County		10c. C	ity, Towr	n or Locatio	on					10d.	inside City Limits		
Texas	Galvesto	on Coun	ty Ga.	lvest	ton							1X) Yas 2□No		
10e. Streat end Number			7			Of. Zip Code	6			10g. Citizen	of Whet Country	7		
1911 35th	Street					77550				U.S	. A .			
11. Meritai Stetus 1 ☐ Never Merried		12. Wes Dece Armed For 1 ☐ Yas		J,S.						- 14. R	14. Race - American Indien, Biack, Whita, atc.			
3 ₩Widowed 4	Divorcad	it Yes, Giv Yaer or Da	Give 1 ☐ Yes			Yes 2∭ N	s 2∑No Specify:			Spec	wnite			
15 (Specify Elementery/Seconda	5. Decedent's Ed only highest gree ary (0-12)	lucation da completed) College (1	400 54)	1.074	(Give kind	's Usuei Occ i of work doi NOT use ref	ne during most	of work	king	16b. Kind of	f Business/Indust	ness/industry		
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17. Fathar's Nama (Fir	st, Middla, Last)					18. Mother's Name			e (First, Middle,	Maiden Sum	eme)			
Harry	Lou	iis		Roc	che		Josephine			Maria	Mar	Maranto		
immediate Ceuse (Fin disease or condition resulting in death) Sequentially list condit if eny, leading to imme cause. Enter Underlyit Cause (Disease or Init)	cition Cremetion 3	Ramoval from S	State Green	Place of cemetary een I	f Disposition y, cremetor Mount 22. Nei M 6	on (Nema of only or other portion) or other portion of the portion	placa) atory dress of Fecility 11—Wied ork Rd.	No lefe. Ba	OV.13 1 Id Home	Baltimo, Inc.	ore, Mar	ryland		
that initiated events resulting in death) Less		Dua to (or es a consequence of): d					given in Pert i.							
									24a. Was perfor	an autopsy med?	compl of dee			
25. Was case reterred examiner?		Hospitel:					Othor		th (Check only o					
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1 ⊠Neturei 5 2 ☐ Accident	5 Pending investigation 6 Could not be	(Month, Dey Year)			njury	V	Nork? Vork? □ Yes 2 □ N	ork?		28d. Describe how injury occurred				
4 ☐ Homicide	determined	28e. Pleca of Injury - At home, term, street, tector building, etc. (Specify)				ectory, offic	tory, office 28f. Locat			ocation (Street and Number or Rural Routa Number, City or Town, Stete)				
29e. Certifier 15 (Check only 2 one)	Certifying Phy Medical Exami	iner: On the ba	best ot my kno asis of examine ner stated.	owledge, etion end	deeth occi	urred et the getion, in m	time, dete end y opinion, deeth	pieca, h occurr	end due to the d red et the time, d	ause(s) end dete end ptac	menner es stete a, end due to the	d. cause(s)		
29b. Signature end title	a of certitier	Sph	de	~	>	29c. Lice	ense number	50	4	29d. Date sig	ned (Month, Day			

21204

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show eny injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

by Physician/Medical Examiner

The law requires that the death cartificete be executed ata has been signed by the attanding physiclan and page 2 should be deteched for usa as tha burial-transit within 24 hours after death.

To the Funerel Director: After this cartificate has To the Hospital or Attending Physician: complately filled in by the funaral director,

Completed

Be

Certification: To

Medical

Division of Vital Records, P.O. Box 68760,

State

Registrar

30. Neme end eddrass ot person who completed cause of deeth (Item 23a) (Type, Print) Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Towson, MD

31. Dete filed (Month, Dey, Yeer)

Director

Funeral

þ

Completed

Be

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Physician

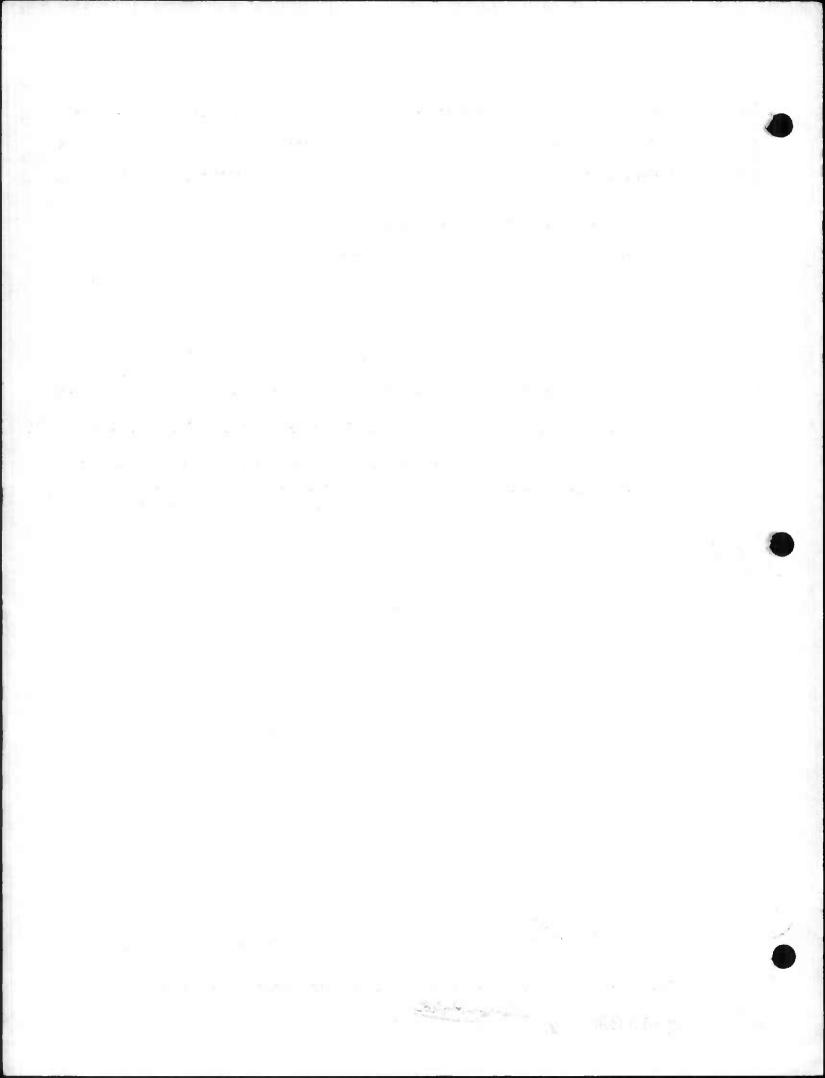
/Medical

Examiner

Funeral Director

22. Flegistra Signal

NOV 1 8 1996



State of Maryland / Department of Health and Mental Hygiene

· ·					Cer	tificate of	Death		Reg. No.) J	4395		
	Physic		1. Decedent's Neme (First, Middle, L.	ast)				2. Dete of De	eth Dov	Veer	3. Time of Daath		
/Med			JEROME	,		NOV.	8, 199	96	1845 PM				
P	Exami	ner	4e. Facility Neme (If not institution, g 2000 BLK AS		4b. City, Town, or Location of Deeth BALTIMORE 1 / a								
	Funeral, Director			Sex 7. Aga (In yr	23 Yrs.	If Under 1 Year Months Deys			Year) 7	9. Birthpi Count BAL	eca (State or Foreign		
and 21215-0020 be filed within 72 hours efter death with the Maryland stal Hygiene. do other then "naturel", or items 23a or 28s-f show event, the Medical Examiner must be notified at		Usuel Residence of Decedant											
	Director	MD N/	' a	City, Town or Loc BAL	TIMORE				10	od. Inside City Limits			
		10e. Street end Number 1023 BRANC	CHWATER C	OURT	10f. Zip Code	2120	5	10g. Citizen of V UNITE	What Count D S	STATES			
	by Funeral	11. Marital Status XONever Merried 2 Married 3 Widowed 4 Divorced		S. 13. Wes Decedent of Hispanic Origin? (Specify Y If Yes, specify Cuben, Mexican, Puarto Rican,				14. Raca - Amarican Indien, Bleck, White, etc. Specify: B L A C K					
215-0	215-0 nin 72 ho	Completed	15. Decedant's E (Specify only highest gi	16e. Daceda (Giva k lifa. D	16e. Dacedant's Usuel Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired)				16b. Kind of Business/Industry				
21	er the	Com	11 th	LA	BORER		unemployed						
ore, Maryla 1 and 2 should of Health end Mer inem 27 la marke r other traumatic	To Be	17. Fathar's Nama (First, Middla, Las MARION AL		18. Mothar's Neme ((First, Middle, Maiden Sumeme) WILLS						
	th end N		19a. Informent's Neme/Relationship MAE ALS					per, City or Town, State, Zip Code) BALTIMORE, MD # 05					
			20e. Method of Disposition	206	Place of Dispos	ition (Name of		Data	20c. Location -				
		X ☑ Burial 2 ☐ Cremetion 3 [4 ☐ Ponetion 5 ☐ Other (Speci	□Removal from Stete K	ING ME	MORTAL	PARK	11-16	RANDAL	LSTO	OWN, MD			
6	Bankment Pag Department Important: 8 any injury o 0009.		21. Signature of Funeral Service Licenseev 22. Name end Address of Facility WM. C. MARCH FH1101 E. NORTH AVE										
STATE	Г	23a. Part1. Enter the diseese, or con shock, or haart failure. List only	oplications that caused the devone cause on aach lina.	ath. Do not enter	tha mode of dyi	ng, such as cardia	or respiretory er	rest,	1	Approximata Intervei Between			
	Physician /Medical		Onset end Deeth										
	Examiner		disease or condition rasulting in death) e. 400407 wound of at 37										
_	p #	Examiner	Due to (or es e consequenca of):										
	erificate be executed ling physician end ie es the bunal-trensit		Sequentially list conditions, Due to (or es e consequenca of):										
68760,	sician buna	calE	Cause (Disaasa or Injury C.										
68	tificate ng phy es the	Medical	resulting in deeth) Last Dua to (or as a consequence of):										
Вох	ath cer trendir or use	Physician/N		d									
o o	the a		Pert II. Other significent conditions	contributing to deeth but not re	sulting in the und	lerlylng cause gi	van in Pert I.	23b. Did t	obacco usa cor	ntribute to	the cause of death?		
Division of Vital Records, P.O. Box 68760, or Attending Physician: The law requires that the death certificate be executed after death. Director: After this certificate hes been signed by the attending physician and Jin by the funerel director, page 2 should be detached for use as the burial-trensit	Completed by Ph						101	'es 2□No	3 Prob	ebty 4 ☐ Unknown			
				31			24e. Was o	en eutopsy med?	con	re eutopsy findings ilable prior to apletion of cause eeth?			
	Com						12/Y	es 2 No	10	Ves 2□ No			
	Be	25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one)											
	7 ·	Pospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence X Mother (Specify) STR											
	tion	27. Manner of Death 1 Naturel 5 Pending investigation 28e. Deta of Injury (Month, Dey Year) 1 S 4 P M 28c. Injury et Work? 1 Yes 2 No 28d. Describe how Injury occurred 1 Yes 2 No 28d. Describe how Injury occurred								OT.			
Visi	Division To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completaly filled in by the fune fune.	Certification:	3 Suicida 6 Could not be determined		28f. Location (Street end Number or Rural Route Number,								
			building, etc. (Specify) City or Town, Stete) STN-ST Z000 BLK ASHLAND BANGER								THORE MY		
		edical	29a. Certifiar (Check only one) Certifying Pt 22 Medicat Example	nysician: To the best of my kn ninar: On tha basis of exemin end menner stated.	owledge, deeth o	occurred et the til stigetion, in my o	me, dete end plece pinion, daeth occu	end due to the o	ause(s) and me	nner es ste	ited		
	To the	M	29b. Signatura and title of certifier	1/		29c. Licans		2	9d. Date signed				
6	Λ		Mayita Up	elboule		0.C	.M.E		NOV. 9	, 19	196		
1	1		30. Neme end address of person who	complated causa of deeth (ita	ım 23a) (Type, Pı	rint)							

State Registrar

MAYDMAD D-10000 1111 Penn Street, Baltimore, Maryland 21201

31. Deta flied (Month, Dey, Year)
NOV 1 8 1996

Julia Maridson-Pandelle

39. Colv Banker was Will various

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certific	ate of Death		Reg. No.					
	Physic /Medi		1. Decedent's Name (First, Middle, Las	ZRA BOT	Ker		2. Dete of De	Day	Yeer 96	Time of Deeth			
*	Exami Funeral Director	ner	002-34-0100	DRIAL HOS	S. lest birthday) If Un Yrs. Mont	BAU der 1 Year If Under 24 Hr			NA	(State or Foreign			
d 21215-0020	Maryland a-f show	tor	Usuel Residence of Decedent 10e. Stete 10b. County N/	A 10c. C	City, Town or Location	TMONE				Inside City Limits Yes 2□No			
	th with the 23a or 28 unit be not	Funeral Director	10e. Street end Number 44/6 OUD 4	ORK ROA.	2) 101.	Zip Code 2/2/2		10g. Citizen of V	Whet Country?	- A			
	be filed within 72 hours after death with the Manylan itel Hygiene. Id other than "nature!", or frame 23a or 28a-f show event, the Medical Exercine mast be numbed at	by	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	Armed Forces? If Yes, specity Cuben, Mill 1 ☐ Yes 2 Mo 1 ☐ Yes 2 Mo Sp			14. Rac Biad Specify	Race - American Indien, Biack, White, etc.				
	filed within 72 ho Hygiene. ther than "natur	Completed	15. Decedent's Ed (Specify only highest gred Elementary/Secondery (0-12)	ducation de completed) College (1-4or 5+) 16e. Decedent's Usuel Occupetio (Give kind of work done durit Life. DO NOT use retired)			during most of working			of Business/Industry			
Maryland	る画の	To Be C	17. Fether's Name (First, Middle, Last)	BOOKER		18. Mother's No	ame (First, Middle, RICIA	Meiden Sumer	e) HALL				
	ss 1 end 2 soft Health are item 27 is other trau		19a Informent's Neme/Relationship (7) ATTUCA BOL 20e. Method of Disposition 1 Burial 2 Scremetion 3 14	Removel from State	Hab. Meiling Addr 44/4/ Flace of Disposition (cemetery, cremetory)	ess (Street and Number or F	Rurel Route Number	BACTO, 20c. Location -	MD.	2/2/2			
Baltimore,	permit. Pege Department of Important: If any Injury or once.		4 □ Donation 5 □ Other (Specify, 21. Signature of Funerel Service Licence)		22. Name	and Address of Facility	13/96	aner a	N/11e	vice			
	-		23a Parti. Enter the disease, or comp	lications that caused the dea	th. Do not enter the n	node of dying, such es cardia	ac or respiretory er	rest,	Apr	2/2/5 proximete			
	Physician /Medical Examiner	Je.	234 Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or es a consequence of):										
60, be executed	certificate be executed ding physician end use as the buriel-transit	al Examiner											
Box 68760,	andir use	an/Medical	resulting in deeth) Lest Due to (or es e consequence of):										
O.	0 0 %	Physician/	Pert II. Other significant conditions con	ntributing to deeth but not re-	sulting in the underlyin	g ceuse given In Pert I.	23b. Dld t	b. Did tobacco use contribute to the cause of death?					
<u>a</u>		by Ph	Seizure			101	1 Yes 2 No 3 Probably 4		4 Unknown				
ec	aw requir	Be Completed t				24e. Wes en eutopsy performed?		24b. Were eutopsy findings evallable prior to completion of cause of deeth?					
ta	E ag		25. Was cese referred to medical			00 Place of P	1 🗆 Y	.,	1 🗆 Yes	8 2□ No			
<u>></u>	Physician: this certific ral director,	ToB	exeminer?	lospitel:	ER/Outpatient 3	Other:	ath <i>(Check only o</i> Home 5 ☐ Resid		or (Specify)				
ion of	Attending Physician: or death. ector: After this certific by the funeral director,		27. Manner of Death 1 XNeturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury et Work?	g Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred						
Division	Ital or Att	Certification:	3 Suicide 8 Could not be determined	ory, office	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)								
1	in 24 the	edicai	29a. Certifier (Check only one) 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner steted.										
JA		2	29b. Signeture end title of certifor	100	4	29c. License number 0 28261	29d. Date signed (Month, Day, Year) NOV 15, 1996 NO 21212						
3	1		30. Name end address of person who co	empleted ceuse of death (Item	m 23e) (Type, Print)	Belt	40 21	717		100			
Н	Sta	te	31. Dete filed (Month, Dey, Year)	32 Registrer Signs	ature .	- 12-0110, 1	(1)						

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** ELAINE MARY BAKER NOVEMBER 12, 1996 1:30 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1701 EUTAW PLACE (HOME) BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1 M 2 M F BALTIMORE, MD. 215-28-0575 Yrs. Director 65 Usual Residence of Decadent the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be mothed at Director 1 Yes 2 No MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 1701 EUTAW PLACE **APT 213** 21217 Funeral 12. Was Decedent Ever In U,S Armed Forces? 13. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 🕅 Married 1 ☐ Yes 2 ☐ XNo If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 "natural', or 1 Yes 2 No Specify: Specify: AFR. AMERICAN þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na any injury or other traumatic event, the Media once. (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) linknow 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) CHARLES **SPARROW** ALICE SPARROW 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES B. WILSON SR. 1825 ETTING STREET, BALTIMORE, MARYLAND 21217 20a. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MT. ZION CEMETERY 1118/96 BALTIMORE, MD. 21. Signature of Funeral Service Licenses ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 23a. Part 1. Ent if it is disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Finel Myocardial disease or condition resulting in death) **Examiner** Examiner ettending physician and for use es the burial-transit iding Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last Carrio Vascular Records, P.O. Box 68760. thero sc Physician/Medical Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1. Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? Is certificate h 1 ☐ Yes 2 1 No Vision of Vital 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 this 27. Manner of Death Medical Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Matural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end placa, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. 29a, Certifier To the Ho within 24 To the Fun complete (Check only one) 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) Amatun H Llacem M.D 30. Name and address of person who completed cause of death (Item 33e) (Type, Print)

AMATUH HUAEEM 501 Dolphi's Street, Baltimore, MD 21217

31. Date filed (Month, Day, Yeer) 31. Date filed (Month, Day, Yeer) NOV 18 1996

Registrar

EL OT VIE

State of Maryland / Department of Health and Mental Hygiene 34398 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3 Time of Deeth Bigman 4, 1996 November 1550 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Suburban Hospital Bethesda Montgomery 7. Age (In yrs. lest birthday). If Under 24 Hrs. 8. Data of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) Hours 11 M 2 □ F Months Deys Min 80 New York Nov.19,1915 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Montgomery Bethesda 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 455 W. State Street-Apt.S-1E 08618 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, GiveWWII Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indien, Black, White, atc. 1 Nevar Married 2 Married 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Sociologist Science 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Malden Surneme) Stanley K. Bigman Marion Eisenberg 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Paul Bigman/Son 455 W. State Street-Apt.S-1E-Trenton, N.J. 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Steta 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removei from Stete 4 Donetion 5 ☐ Other (Specify) 22. Name and Addrass of Facility
State Anatomy Board-655 W. Baltimore Street Ronald S. Wade, Director Baltimore, Maryland 21201-1559 Enter the disease, or complications thet caused the deeth. Do not enter tha moda of dying, such as cardiac or raspiretory errast, or heart feilure. List only one cause on each line. Approximata Intervel Betw Onset end Death OBSTRUCTIVE HYDROCEPHALUS INTRACRANIAL HEMORRAHABE AT LEVEL OF 445 VENTRICLE Due to (or es a consaquence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 XN0 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Unpatient 2 ER/Outpetient 3 DOA 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No

Physician /Medical **Examiner** Examiner

and the burial-tran

signed by the a

this certificate

After

Hospital or Attendil 24 hours efter death. Funeral Director: A stely filled in by the fu death.

Hospital 24 hours e Funeral C

Physician/Medical

Completed by

Be

2

Certification:

edicai

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital Attending Physician: **Physician**

Examiner

Funeral

Director

show

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after in nent of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural", or ite

traumatic event,

Department of Health e important: if Item 27 is any injury or other training once.

Baltimore, Maryland 21215-0020

death with the Maryland

/Medical

Stanley

5. Sociei Security Number

108-26-8975

10e. Street and Number

10a. State

Director

Funerai

þ

Completed

Be

Maryland

11. Marital Status

Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest

Immediete Ceuse (Final

diseese or condition resulting in deeth)

20e. Method of Disposition

Pert II. Other eignificant conditions contributing to daeth but not resulting in the underlying cause given in Pert I.

MALIGNANT HYPERTENSION, SYNDROME OF MAP-

PROPRIATE ADH

25. Wes case referred to medical exeminer? 1 ☐ Yes 2 No

27. Menner of Deeth 1 Netural 2 Accident

3 Suicide 4 Homicide

6 Could not be determined

28e. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of axeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29c. License number

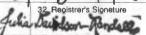
29b. Signature and the of certifie

29d. Date signed (Month, Dey, Year)

cause of deeth (Item 23e) (Type, Print) 30 DEL RAY AVE BETHESDAMD 20814

State Registrar

1 8 1996 NOV



wer - which wise of Affil 3 1 1 1 1 1

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 X YES 2 NO

White

8. BIRTHPLACE (State Country)

New York

Baltimore

USA

Specify:

REG. NO.

2. DATE OF DEATH

MARYLAND 21215-0020

FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 6876

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DR A	IREC	OUITS
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BRIAN WARREN **BEARD** 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Apr. 26, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS HOURS 1 X M 2 - F 207-38-6367 45 1951 ges 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph's Hospital Towson 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Frederick Ijamsville 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3020 Green Valley Rd. 21754 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 1 Never Merried 2 X Married IF YES, GIVE WAR OR DATES 8 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ive kind of work done Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5 +) Woodward-Clyde 12 Geologist 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) notified at Ralph Beard Shirley Place **BE** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Linda Beard 3020 Green Valley Rd., Ijamsville, MD pe 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Burlal 2 Cremation 3 X Removal Irom State Richfield Union Cemetery Donation 5 Other (Specify) 11/18 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD medical Lenter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition an dea resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 9 in luny, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 1 N shows a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 UNCERTAIN PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMPLER? HOSPITAL OTHER: 1 Inpetient 2 1 ER/Outpetient 3 | DOA ng Home 4 Nurs 5 Residence 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending 1 YES BY Investigation 2 Accident 28s. PLACE OF INJURY - At home, larm, street, lectory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined 60 COMPLETED 4 Nomicide 28 TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
#MPORTANT: If Item 2 29e. CERTIFIER T CERTIFY HAT PHYSICIAN: To the best of my know viedge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On on, in my opinion, death occursd at the time, data end place, and due to the cause(s) end manner es stated, BE 9 PERSON WHO COMPLETED CAUSE OF

32. EGISTRAR'S SIGNATURI

was Davids

NOV 18 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 21754 20c. LOCATION - City or Town, State Richfield, PA 21214 Approximate interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO OHMH-16 Rev 1/89



ALCOHOL IN THE STATE OF

34400

6-65 kc	507-005
•	Physicia /Medic Examin
	Funeral , Director
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death with the ral', or items 23a or 28a-Examiner must be notifi Peges 1 end 2 should be filed within 72 hours after nent of Heelth and Mental Hygiene. 0 "natural", The Medical ai Hygiene. Is marked traumetic

Physician /Medical Examiner

The lew requires that the death certificate be executed attending physician and for use es the bunal-transit signed by t d be detach peen certificate has

Baltimore, Maryland 21215-0020 Depertment of Heelth a Important: If Itam 27 Is any Injury or other tra Box 68760. P.O. | Records, Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica s effer dea....al Director: After filled in by within 24 hr To the F

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Deeth 14,1996 2159p DONNA BLALOCK November al 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death SOUTH OF 3624 (ROCKDALE TERRAE) WOODLAW WOODLAWN BALTIMORE Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) Days 1□ M &F F Months Hours Yrs. 218-88-2461 Usual Residence of Decedent Oct. 26 1959 Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 XYes 2 ☐ No Maryland NA Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 419 Folcroft Street 21224 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give 11. Merital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2X Married 1 Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Be Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 NA Maid Service House Keeping 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) 2 William Williamson Judy Henderson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Charles Blalock Jr. (Husband) Patapsco Ave. 120 Baltimore, Maryland 21222 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn November 19 East Point, Maryland 21. Signature of Fugeral Service Licky 22. Name and Address of Facility W. Dabrowski/Chojnacki F.H. P.A. 1005 Dundalk Ave. Baltimore, Maryland 21224 death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting In death) chest Shot Lun hound Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes an autopsy performed? 1Ø Yes 2□ No 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 \square Nursing Home 5 \square Residence 6 X Other (Specify) SCENE Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 Yes 2□ No Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending Investigation Injury 21.30 M Subject Shoh 14-96 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 2 Homicide Shreen 3624 Rockfule Terrace SUL

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated.

2 Defection Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dey, Year) November 15, 1996

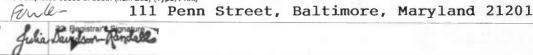
Jav. a 31. Date filed (Month, Dey, Year) NOV 1 996 State Registrar

29a. Certifier

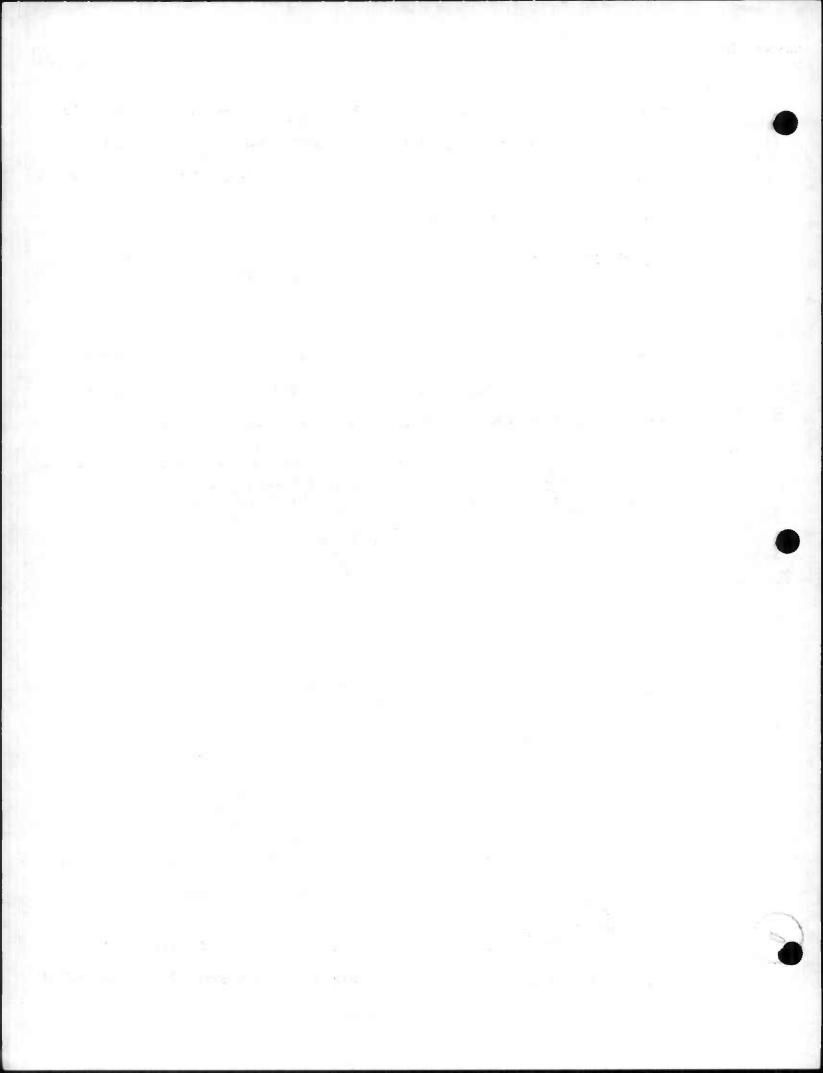
(Check only one)

29b. Signature and title of certifier

Medical



30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** BATTLE GERALDINE NOVEMBER 14 /Medical 4a. Fecility Nama (If not Institution, give street end number) R 5401 020 COVIKY
NINTHWESS HOSPITAL CERSER, 5401 020 COVIKY
RVAD 4b. City, Town, or Location of Daath 4c. County of Death Examiner RANDALLSTOWN BALTIMORE if Undar 1 Yaar if Undar 24 Hrs. 8. Daia of Birth Monihs Days Hours Min. (Month, Day, Year) Birthplaca (Steta or Foraign Country) 7. Age (In yrs, lest birthday) **Funeral** 1□M 219F 214-44-448 Usuei Residence of Decedant Director 4-13-45 Maryland permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Mental Hygiene. Important: If them 27 le marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Examines must be notified at 10a Siele 10b. County 10c. City, Town or Location 10d. inside City Limits Md. 1 Yes 2 No Baltimore Director 10e. Street and Number 10a. Citizen of Whei Country? inview Avenue Funeral 12. Was Decedani Ever in U,S. Armed Forcas? Race - Amarican Indian, Bleck, White, atc. Wes Decedeni of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puarto Rican, atc.) 11. Marlial Status l □ Yas 2 No If Yas, Giva Yaar or Dates: 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedeni's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) Healthcare Facility Nurse AA Degree 17. Father's Neme (First, Middle, Last) Be Annie Mae Martin Samuel Linton 19a. Informent's Name/Relationship (Type, Print) Durham (mother) 5531 Lynview Avenue, Baltimore Maryland 21215

20b. Place of Disposition (Name of cemetery, cremetory or other place)

3 | Bemoval from State Home Mae 20e. Mathod of Disposition 1⊠ Burial 2 ☐ Cramation 3 ☐ Removal from State Woodlawn Cemeterry 11/20/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Address of Facility Joseph H. Brown Ja: Funeral Home of Funeral Sarvice Licansee any is 2140 N. Fulton Avenue, Baltimore, Maryland 21217

12a. Part 1. If the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate Physician immediate Ceuse (Final diseese or condition resulting in death) /Medical · ARTERIDSCLERKIL CARDIOVALUVLAR Examiner Due to (or as a consequence of) Physician/Medical Examiner physician and tha burial-transit Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Disaase or injury that initiated evants resulting in death) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequance of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en autopsy 1 Yas 1 Yas 2 No or Attending Physician: 25. Was case raferred to medical examiner?

1 Yes 2 No Medical Certification: To Be 26. Placa of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 ☐ inpatieni 2 ☑ ER/Outpatient 3 ☐ DOA this 27 Mennar of Deeth 28a. Daie of injury (Month, Dey Year) 28c. injury at Work? 28d. Describe how injury occurred Aftart 1 Naturai 5 Pending invastigation I hours after death.
uneral Director: After the full filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide Funeral Directo 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide 29e. Certifier Certifying Physician: To tha best of my knowledge, death occurred at the time, date end placa, end due to tha causa(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mennar stated. 2

29c. Licensa number

29d. Date signed (Month, Day, Year)

State Registrar

29b. Signeture and title of certifier

31. Daie filed (Month, Dey, Year)

NOV 18 1996

5401 DLO CUURS ROAD RANDALLSTOWN, MARZ 22. Registrar's

30. Nama and addrass of person who completed causa of death (item 23a) (Type, Print)

1 Ale

State of Maryland / Department of Health and Mental Hygiene

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Ì	/Medi		4e. Fecility Name (If not institution, give	street end number)	100	CVU			4b. City. Toy	wn. or Lo	NOVCALE ecation of Dec		County of D	-	0.	Job L
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ı.	Funeral		5. Social Security Number 6. Se	ox ⊐M 2XLF / Ag	e (In yrs. last	Yrs.	Months	Deys	Hours	Min.	8. Dete of B (Month, D	oey, Yeer)	9. 6	Birthple Country	ce (Stete o	r Foreign
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	be filed within 72 hours after death with the Maryland tal Hygiena. d other than "netural", or flems 23a or 28a-f show event, the Medical Exeminer must be notified at	Funeral Director	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2X☐!	No	'	f Yes, spe	cify Cub	en, Mexican,	, Puerto	Rican, etc.)		Bleck, W	hite, et	C.	
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Dalilli Die,	permit. Pages Department of Important: If It any injury or o		21. Signature of Funeral Service Licensee F. McDonald 22. Neme end Address of Fecility Cremation Society of Maryland, Inc.													
	405 e d		Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228													
			23a. Pert i Enter the disease, or comp	licetions thet caused	the deeth. D	o not ente	er the mod	de of dylr	ng, such es d	cardiac c	or respiretory	errest,		1	Approximetentervel Bet	9
۲.	Physician		shock, or heert feiture. List only one ceuse on each line.													Deeth
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	and and	Xar	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury													
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5	certificate be axecuted ding physician and se as the burial-transit	Medical	thet initiated events resulting in deeth) Lest	v	Due to (or es	e conseq	uenca of):							i		
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	B die	5	1.X Naturel 5 ☐ Pending	(Month, De)	Year)	Injury		8c. Injur Wor			LOU. Describe	now injury	occurred			
	the different	cat	2 Accident investigation				М	1 🗆	Yes 2 N	No						
ŝ	To the control of the	ertification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Inju- building, etc		ferm, stre	eet, factory	, offica		2	28f. Location	(Street end	Number or	Rural I	Poute Num	ber,
r	0.11.0	Cer		bonding, oto	(opoony)						ony or re	, , , , ,				
1	201		29a. Certifier 1 Certifying Physical	eiclan: To the best of	of my knowled	lge, death	occurred	et the tin	ne, dete end	plece, e	end due to the	e ceuse(s) e	nd menner	es stat	led.	
4	E A F S	edical	(Check only 2 Medicai Exami	ner: On the besis of end menner ste	exeminetion	end/or inv	estigation	, In my o	pinion, deeth	h occurre	ed et the time	, date end p	place, end o	due to the	he cause(s)
-	S S S	Me	29b. Signature and title of certifier				290	c. Licens	e number			29d. Date	signed (Mo	onth. De	ey, Year)	
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			Jack No.	14(.	ν.			V 4	666	1		NOVEY	MBER	14	2144	6
			30. Neme end eddress of person who co	ompleted cause of de	eth (Item 23e	e) (Type, I	Print)			0	m		0.0			
			SYEDAHS. GILA	NI. ,4-	C NOR	TH A	VENU	E *	424	Re	ELAIR	,IVID	210	14		
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Bullock reneva NEVEMBER 4a. Facility Name (if not institution, give street end number) 4h City Town or Location of Death Baltimore Maryand General tospital (In yrs. lest birthday) If Under 1 Months 5. Social Security Number 9. Birthplaca (Stata or Foreign 1 □ M 2 □XF NORTH CAROLINA 93 Yrs. 220-03-8549 Usuei Residenca of Decedent 10h County 10c. City, Town or Location 10d. inside City Limits N☐ Yas 2☐ No BALTIMORE MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1701 EUTAW PLACE 21217 USA 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaer or Detes: Was Dacadant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Biack, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 🗓 No Specify: AFR. AMERICAN 3 X Widowed 4 □ Divorced 18e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) WORKER ACE CLEANER

Pages 1 end 2 should be filed within 72 hours after death with the Men/land net of Heelth and Mental Hygiens. Int: If item 27 is marked other than "natural", or items 23a or 28s-f show mry or other transmit as he marked other transmit as well as Medical Essential transmit and an activity or other transmits event, the Medical Essential transmits and as Baltimore, Maryland 21215-0020 Department of Heelth Important: If Itam 27 any injury or other troops.

Physician

/Medical

Examiner

10a. Stata

Director

Funeral

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Funeral

Director

Physician /Medical Examine

Examiner

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Certification:

Medical

3 Suicide

29a, Certifier

4 \ Homicide

29b. Signatura and title of certifiar

31. Dete filed (Month, Dey, Yeer) NOV 1 8 1996

6 Could not be

milles

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

5

32. Registrer's Signeture

Lulis Davidson-Randall

signed by the ettending physician and I be detached for use es the burial-transit cartificate

The law requires that the death certificete be executed Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: '24 hours after death. Funeral Director: After this cartifica • Funeral To the Hosp within 24 hou To the Fune completely fi

Completed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) UNKNOWN INDINIA WALLACE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) JO ANN THORNTON 1104 CHERRY HILL RD, APT E BALTIMORE, MARYLAND 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) MT. ZION CEMETERY 11/15796 BALTIMORE, MD. 21. Signature-of Funeral Service Licensee ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 23a. Part. Enter ne disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest snock, or near feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in deeth) TWEARCTION MYOCARDIAL Sequentially list conditions, if eny, laeding to Immediate causa. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Dua to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? VASCULAR 1 Yes 2 No 3 Probably 4 Unknown CEREBRO 24e. Wes an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?

1 Yes 2 No 26. Pleca of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury at Work? 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the cause(s) and menner es steted.

2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the causa(s) and manner steted.

29c. Licanse number

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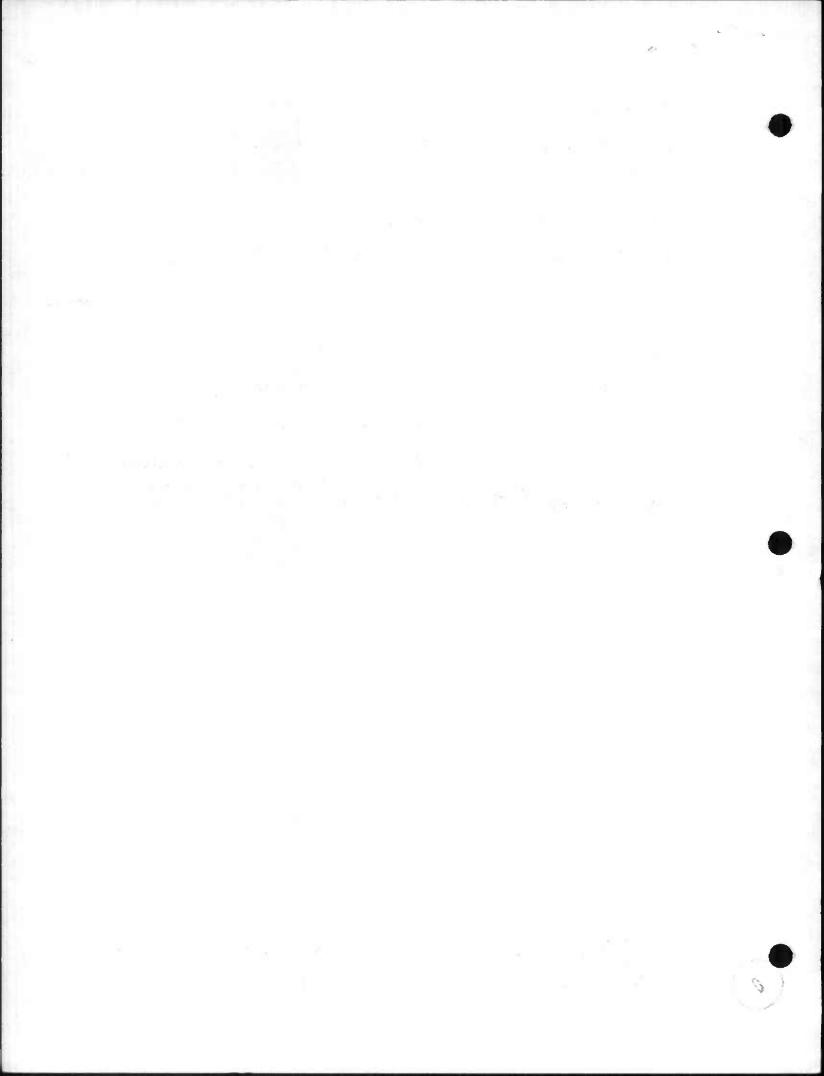
28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

28e. Plece of injury - At home, ferm, straet, factory, offica building, etc. (Specify)

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State Registrar

DHMH 16 Ray 6/95

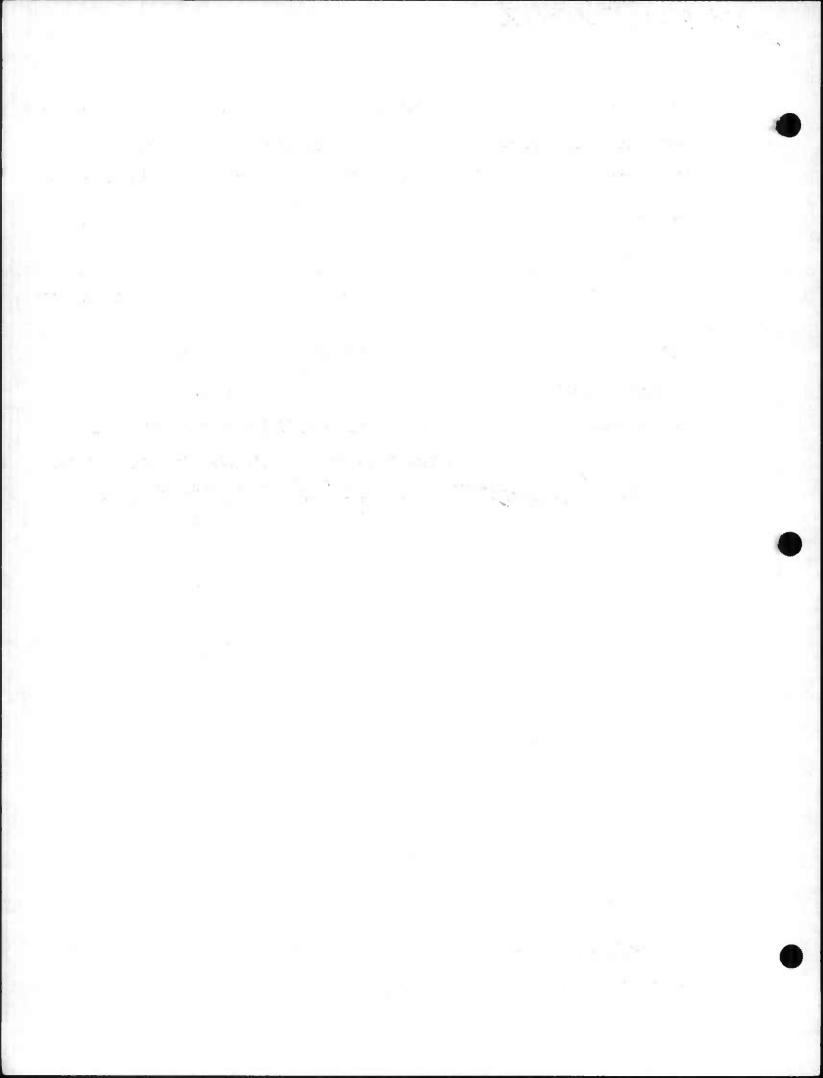


State of Maryland / Department of Health and Mental Hygiene Q 5

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			GOOD SAMARITAN HO				Hilladas d Va	BALTIMO			CITY			
	Funeral Director		5. Social Security Number 6. Se 219-50-0342	7. Age (In yr. 7. Age (In yr. 48		Yrs.	If Under 1 Ye Months Dey			rth ey, Year)	В	9. Birthple Countr ALTIM	IORE	ote or Foreign
	Mand Mand		10e. Stete 10b. County	10c. (City, Town	n or Loca	ition					100	d. Insid	e City Limits
	Man	to	MARYLAND //	<i> A</i> B.	ALTI	MORE							11/2	Yes 2□No
	or 28	Director	10e. Street end Number				10f. Zip Code	Э		10g. Cit	tizen of W	hat Countr	y?	
	23a		5009 SCHAUB AVE	•			212	06		USA				
21215-0020	be filed within 72 hours after death with the Maryland ital Hygiene. I defer then "naturel", or items 23a or 23a-f show event, the Medical Examiner must be incitified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☐ XNo If Yes, Give Year or Detes:	U,S.		es Decedent of Yes, specify C	of Hispanic Origin? (Suban, Mexican, Puer No Specify:	Specify Yes or No to Rican, etc.)	>	Bleck	- America , White, et AFR.	tc.	ERICAN
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37	2 should be and Mental is marked of sumatic eve	To	19e. Informant's Name/Reletionship (T)	ype, Print)	19b.	Meiling	Address (Stre	eet end Number or R			or Town, S	Stete. Zip C	Code)	
	0 0 = 0		CORINE BARNES		1			AVE, BALT		_				
altimore,	of Health of Health I Itam 27 r other tr		20a. Method of Disposition		. Plece of	Disposit	tion (Name of tory or other p		Dete			City or Tow		9
Ĕ			1 ☐ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	Removel from State			EMETERY		1/12/96	BAL	TIMO	RE.MA	RYL	AND
Balt	permit. Pag Department Important: I eny injery o grice.		21. Signature of Funeral Service Licens	90.7	ű	ES 1 3	TEP BRO	THERS FUN	IERAL HO	ME,P	.A.			
	27.5		23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	lications that caused the de	eth. Do r	not enter	the mode of o	tylng, such es cardia	c or respiretory e	errest,	MD.		Approx	mete Between
1	Physician		arrown, so yreary randra. Class Gray Co	no cause on automise.								1 6	Onset 6	and Deeth
É	/Medical Examiner		Immediate Cause (Final disease or condition	RESP	IRAT	TORY	1 FA	LURE					1 0	AY
	Cxanimer	L	resulting in deeth)	Due to	(or es e	onseque	ence of):							
	led lsit	Examiner	_ ,	MET MET	ABO	LIC	ACIL	21200				į.	10	AY
	el-trer	xar	Sequentially list conditions, if eny, leading to immediate	_	(or as a c	onseque	ence of):					i	0 1	A 110
68760,	icata be executed physician end s the buriel-trensit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	G	PSIS								21	SAYS
9	tificati g phy as the	ledical	resulting In deeth) Last		(or es e c							1)	0.4.4.6
ŏ	attendin	N/UE		d	JEU	MU	NIA						ox .	DAYS
P.O. Box	s deat he att	Physician/N	Pert II. Other significant conditions con	ntributing to death but not re	esulting In	the und	erlyIng ceuse	given in Part I.	23b. Did	tobacco	use conf	tribute to t	the cau	se of death?
7	res that the designed by the a	by Phy	- END STAGE	AIDS					10	Yes 2	No	3 Probe	bly	4 ☐ Unknown
or Vital Records,	been should	Completed b							24e. Wes	en euto ormed?	psy	com	lable pi	osy findings ior to of ceuse
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	Afta fune	Certification:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. Data of Injury (Month, Dey Year)	28b. T	ima of njury	28c. In V M 1	ljury et Vork? □ Yes 2 □ No	28d. Dascribe	how inju	ry occurre	ed		
2	tal or Attenders is after deat al Director: led in by the		4 Homicida detarmined	28a. Plece of Injury - At building, etc. (Spec	homa, fai	m, stree	t, fectory, offic	>0	28f. Location (City or To	Street ai wn, State	nd Numbe e)	r or Rural i	Route	Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier 1 ✓ Certifying Physic (Check only one) 2 ☐ Medical Examin	aician: To the best of my kn ner: On the basis of examin and menner statad.	nowledge netion end	deeth o	ccurred et the stigation, In m	time, dete and plece y opinion, deeth occu	e, end due to the urred et tha time,	ceusa(s deta en) end man d place, a	nar es ste nd dua to t	ted. tha cau	sa(s)
	With To	Σ	29b. Signeture end title of certifier					ense number				(Month, D		
	1		anomas	M.D			P	10582		NO	2 N . 1	10.1	996	0
			30. Name and addrass of person who co	INEL, 560	1, 1	Type, Pr	int) 1 RAUS	N BLUD	, BAL	TIM	ORE	, ME) - ,	11239
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Registrar DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 20a, 20b, 21, 22 perDIR OF REG SER G7-41 Certificate of Death 11-18-96 eoh Reg. No. 1. Decedent's Neme (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Month baby boy Cart

4a. Facility Name (If not institution, give street and number) Carter 10.12 SEPTEMBER 24 1996 /Medical 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Hospital Baltimore Baltimore Ag nes If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Yrs Director Usual Residence of Decedent filed within 72 hours eftar daath with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "naturel", or items 23s or 28s-f show the Medical Expressional be notified at 1 PYes 2 No BALTIMONE Director BAUTIMONE 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code WASHINGTON BOULEVARD SK Funeral 12. Wes Decadent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 21215-0020 1 ☐ Yes 2 ☑ No Specity: BLACK Completed by 3 ☐ Widowed 4 ☐ Divorcad 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) NONE NOVE .. Pages 1 end 2 should be filed wi tment of Health and Mental Hygien tant: If Nem 27 is merked other th jury or other traumatic event, Ins Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be ANTOINETTE YVETTE CANTEN 19a. Informant's Name/Relationship (Type, Pnht) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 [227 CHAME REVIEW WHSHINGTON BATTHINF 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State Department of Important: If any injury or once. 4 □ Donation 5 ★ Other (SpecifyHOSE BURIAL **NEW CATHERRAL** 9-30-96 BALTI 21. Signeture of Funeral Servica Licansee 22. Name and Address of Fecility CATHY BERG 900 CATON AVE ST AGNES HOSPITAL BALTI, MD 21236 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset end Death **Physician** /Medicai Immediate Ceuse (Final 2 hours disease or condition resulting in death) extreme premstuntz Examiner Due to (or es e consequenca of): Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or as e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or es a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Was en eutopsy performed? this certificate has 1 ☐ Yes 2 No 1 ☐ Yes 2 No Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No 1 Monpatient 2 ☐ ER/Outpetient 3 ☐ DOA iours after death.

nerel Director: After this y filled in by the funeral di 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ŏ To the Hospital o within 24 hours af To the Funerel Di completely filled i Medicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end placa, end due to the ceuse(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D24590 I Susan M. Dchaque mD - irenstologist September 24, 1996 Agres Hospital , 200 Coton Avenue, Baltimore MD 21229 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Saint A Susan M. Schaguro MD

State Registrar 31. Dete filed (Month, Day, Your) NOV 18 1996

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State of Maryland / Department of Health and Mental Hygiene 96 34406

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	Funeral Director		5. Sociel Security Number 215-48-5513 1 Usuel Rasidence of Decedent	Sex 7. Age □ M 2只F 8	e (In yrs. lest bir		If Under 1 Year Months Deys	If Under 24 H Hours Mi			9. Birthpled Country Minne	ce (State or Foreign y) Sota
	ter death with the Maryland lisers 23s or 23s-f show iner must be notified at	Director	10a. State 10b. County Maryland Montgo 10e. Street and Number	mery	10c. City, Town		pring 10f. Zip Code			10s Cilinas of		1. Inside City Limits 1 ☐ Yes 2 ☑ No
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Maryland 21215-0020	uld be filed v Aerital Hygie rked other t tic event, th	To Be Co	12 17. Fether's Neme (First, Middle, Last) Henry Johnson	4	Но	usew	ife		leme (First, Middler Kenned	e, Meiden Sumen	n Home	1
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	/Medical Examiner		Immediata Ceuse (Finel disease or condition resulting in death)	a CH	Due to (or es e d	conseque	nca of):				F	pre
	secuted and Il-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying	D	Dua to (or es e	conseque	hter	4 D	150as			Years
x 68760,	eath certificate be executed attending physician and for use as the burial-transit	/Medical	cause. Enter Underlying Ceuse (Disaase or Injury thet Initieted events resulting in deeth) Lest	c	Due to (or es e c	conseque	nca of):					
P.O. Bo	0 0 0	Physician	Pert II. Other significant conditions or	ontributing to death bu	it not resuiting in	n the unde	erlying cause giv	ven in Pert I.		I tobacco use co] Yes 2□ No	ntribute to the	he cause of death?
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tal R	The ate h		25. Wes case referred to medical							Yes 2 No	101	Yes 2□ No
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	the Hospital or Att In 24 hours after d the Funeral Direct pletaly filled in by	edical	29a. Cartifiar (Check only one) Certifying Physics Medical Example (Check only one)	ysician: To the bast of end manner ster	axamination end	, daath o	ccurred et tha tir tigation, in my o	ma, data and pla pinlon, daath oc	ce, and dua to the curred at tha time	a causa(s) and me , dete end pleca,	enner as state end due to th	ed. he cause(s)
		2	29b. Signature and title of certifier.			WO	29c. Licens			29d. Dete signe		
	(E)	30. Name and address of person who	completed cause of	meth (Ithern 270-)	Tune Del	nt)	77500)d	Mosewp	17	1,1996
			30, Name and addrass of person who of 20 vi Ne Black	All Marie M	de college and	33	5,100	Spring	Mary Day	land 2	0906	2
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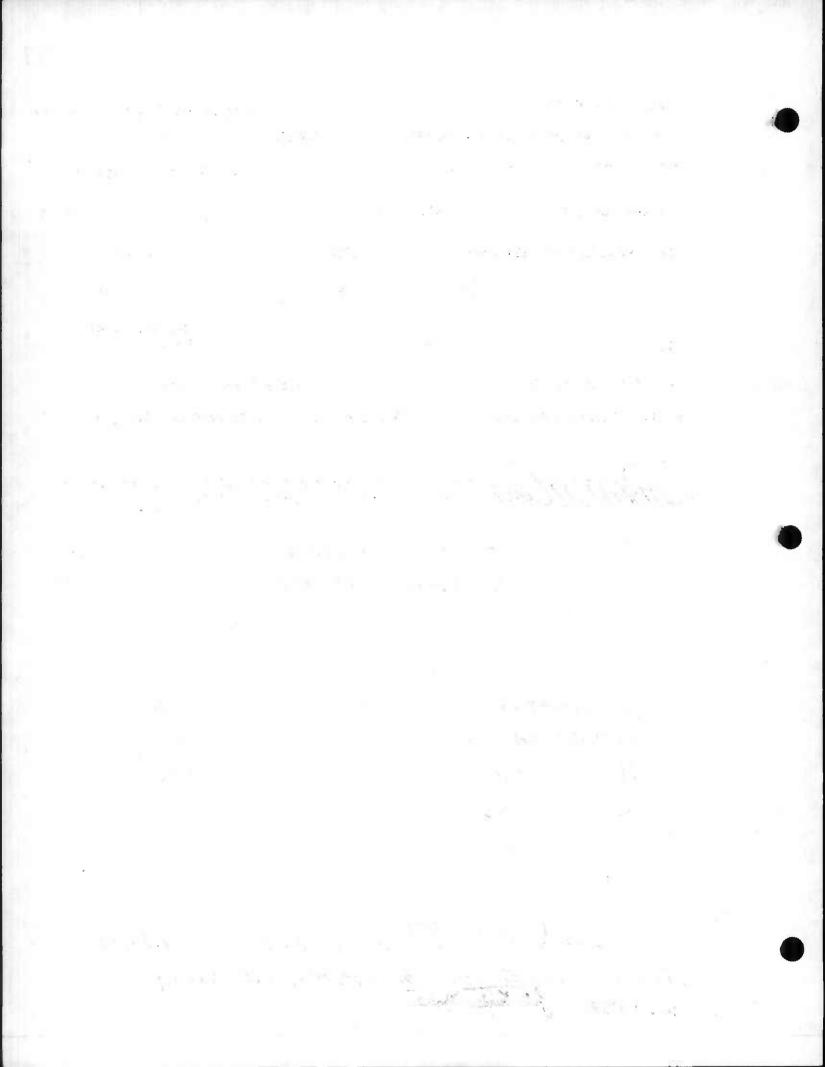
State of Maryland / Department of Health and Mental Hygiene

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ı	Funeral Director		5. Social Security Number 214-22-4057	6. Sex 1 □ M 2 □XF	7. Ag	e (In yrs. lest birthday 85 Yrs.	Months Dey		8. Date of Bi (Month, D Aug. 30	rth ey, Yeer)),1911	9. Birthi Cou Mary	place (Stete or Foreig ntry) 11and
	p	1	Usuel Residence of Decedent 10a. Stete 10b. Count			10c. City, Town or L	noation					104 1-14-05-11-1
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	h with th	al Dire	10e. Street end Number 5824 Westches	ster Hill	Cou	rt	10f. Zip Code 21784			10g. Citizen of	Whet Cou	·
020	72 hours after death with the Marylar natural, or hams 23e or 28e-f show officel Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Marrled 2 □ Ma 3 □ Note	If Yes G	Forces?	Ever in U,S. 13	Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ N	f Hispenic Origin? (S) uben, Mexicen, Puerto o Specify:	pecify Yes or N Ricen, etc.)	o- 14. Ra BI Spec	ace - Ameri eck, White, ify: Wh	
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yla	Men	2	Howard Daniel					Martha	Frances	Bates		
Aar	以中華書		19a. Informent's Name/Relation					et end Number or Ru				
	m 27	١.	William H. Scl	hwanke/Sor	n			ester Hill			-	
Baltimore,	permit. Pages 1 and Department of Health important: If few 27 any injury or other th		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (n State	20b. Plece of Disp cemetery, cre	emetory or other p	/ece)	Date	20c. Location	- City or To	own, State
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al Re	The i	Con	HSV	ESOFH	AC	1775			10	Yes MO	1[☐ Yes 2☐ No
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	Hospital	edicai	29a. Certifier (Check only one) Certifyii	ng Phyelcian: To the Examiner: On the b	pesis of	examinetion end/or in	h occurred et the vestigation, in my	time, date end place, opinion, deeth occur	end due to the red et the time,	ceuse(s) end m date end place	enner es s	teted. the ceuse(s)
	9 0	N.	29b. Signeture end title of certific			CARY		nse number		29d. Date sign	ed (Month,	Day, Year)
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			30. Neme end address of person		se of de	eath (Item 23e) (Type	Print)	.15	0 -			
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State of Maryland / Department of Health and Mental Hygiene

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5-0020 72 hours efter death with the Maryland	8a-f show	Director	10e. State 10b. County Maryland Baltin	nore	10c. City,		ocation					1		e City Limits Yes 2⊠ No
death with t	"netural", or items 23a or 28a-f shor	Funeral Dire	100. Street end Number 10038 Davis Ave	2 . 12. Was Decedent	t Ever in U.S.	13.		2116		(Specify Yes or No	USA	Whet Cour		
OUZU nours effer	ural", or ite.	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces' 1 ☑ Yes 2 ☐ If Yes, Give Yeer or Dates:	? No		If Yes, spec 1 ☐ Yes 2		Specify:	(Specify Yes or No Jerto Rican, etc.)	Specia	ck, White,	etc.	
Maryland 21215-0020	iene.	Completed	15. Decedent's E (Specify only highest g Elementery/Secondery (0-12) 8th Grade	rede completed) College (1-4or		(Give life.	edent's Usue e kind of wor DO NOT us	rk done d se retired	durina most of 1	working	16b. Kind of B		dustry	
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ges 1 and 2 s	trau		John Michael Deit 20a. Method of Disposition 1□ Burial 2 ☑ Cremetion 3	ZZ (Sc	on)	88 Lo		eek	Dr. S	tevensvil		216	66)
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<u> </u>	nysician Medicai kaminer		23a. Perty. Enter the disease, or conshock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)		Sho	Do not en	www.	e of dyin	g, such es card	Randalls diac or respiretory en	rrest,		Approxin Intervel E Onset er	mete
certificate be executed	iding physician and ise es the buriel-transit	/Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	b	Due to (or each	s e conse	quenca of):							
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pital or Att	within 24 hours after deat To the Funeral Director: completely filled in by the	0	3 Suicide 4 Could not be determined	building, et	esiden	ce				28f. Location (S City or Tow	m, State) DAV1	Ave	-	umber,
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Tott	No To H	Σ	29b. Signeture end title of certifier	94				License	number M . E		29d. Date signe			
n	17	-	30. Name and address of person who	completed cause of d			Print)			Baltimo				

DHMH 16 Rev 6/95

Registrar

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Item4a 11-18-96 FilmG741 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

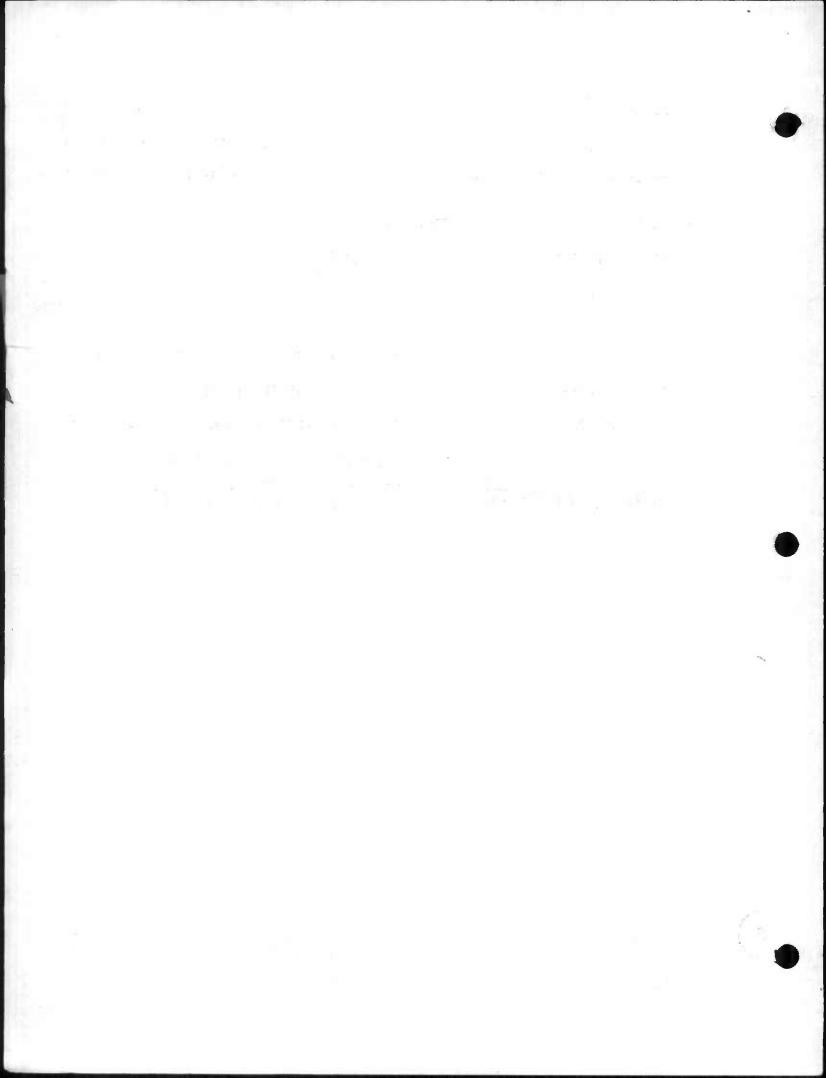
State of Maryland / Department of Health and Mental Hygiene 96 31.1.00

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	Funeral Director		5. Sociel Sacurity Number 217-20-021 Usuel Residence of De	4	ex □M 2ਊ F	7. Age (In yrs. 73	last birthday) Yrs.	If Under Months	1 Yaar Days		Hrs. 8. Data of (Month, Sept				place (Steta ntry) yland	
	nyland show			b. County		10c. Cit	y, Town or Lo	ocation						1	10d. Inside (City Limit
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	a or it	i Dir	10038 Da					10f. Zip						citizen of Whet Country?		
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			State of Marylan	d / Department of I Certificate of			iene 9 (34410			
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Exami Funeral Director	H	214-58-7703		last birthday) Yrs. If Under 1 Year Months Days		8. Data of Birth (Month, Day, 3/31/5		Death WORQ 9. Birthplace (State or Foreign CONTROLINA			
ier death with the Maryland Herns 23a or 28a-f show ther must be notified at	Director	Usual Rasidence of Decedant 10a. Stata MARYLAND MARYLAND		y, Town or Location				10d. Insida City Limits 1∕\□ Yas 2□ No			
th with t		10e. Street and Number 2679 W. PARK DRIVE		10f. Zip Code 21207		10	Og. Citizan of W	hat Country?			
al', or	by Funeral	11. Maritai Status 1 □ Navar Merrled 2፟∭ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Datas:	S. 13. Was Decedent of I If Yas, specify Cub	an, Maxican, Puarto F	cify Yes or No- lican, etc.)	Specify:	4. Rece - American Indien, Black, Whita, atc. Specify: AFR. AMERICAN			
within ene. than	Completed	15. Decedant's Edu (Specify only highast grade Elamantary/Secondary (0-12)	cation e complated) Collaga (1-4or 5+)	16a. Decedant's Usuel Occup (Giva kind of work done life. DO NOT use retire MARTIN CATI	pation during most of workin d) ERING	9	16b. Kind of Business/Industry CATERERS CO.				
be filed vial Hygi d other event,	To Be Co	17. Fathar's Nama (First, Middla, Last) SAM DAVIS	U	MARTIN CATI	18. Mother's Nama	(First, Middle, M					
d 2 sh th and 7 is m trsum	-	19a. Informant's Name/Raiationship (Ty,	pe, Print)	19b. Mailing Addrass (Street	and Number or Rural	Routa Number,					
Pagas ment of mrt: If the		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Othar (Specify)	emovel from State MT	lace of Disposition (Nama of ematery, cramatory or other plants. ZION CEMETER'	1	Dete 2 1/16/96		City or Town, Stata			
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/Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)		uln - Adluv r as a consaquence of):	ancino	ma.		02/96?			
eath certificate be executed attending physician and for use as the burlat-transit	In/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		r es e consequence of):							
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felant: The i certificate hi nector, page	Be Co	25. Was casa referred to medical axaminer?			26. Placa of Death	1 ☐ Ye		1 ☐ Yes 💆 No			
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al or At a sher d al Direct ed in by	Certifi	4 Homicida datarmined	28a. Pleca of Injury - At ho building, etc. (Specify	oma, farm, straat, factory, office	2	8t. Location (Sti City or Town		er or Rural Route Number,			
Funer Funer letely fil	edical			wledga, daath occurred at tha ti lion and/or invastigation, in my o							
2 John	Me	29b. Signature and title of certifiar	Proces	29c. Licans	se number () 374			(Month, Day, Year)			
		30. Nama and address of person who co	mpleted cause of death (Nem	Ball mos	e MD	2	1215	•			

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 344

					Certificate of De	eath	F	leg. No.) (7711
			1. Decedent's Neme (First, Middle, Last				2. Data of Dea	th	M. T.	3. Tima of Death
	Physici /Medi		RUTH A. I	DEAN			Month	- 16 -	Year 96	1-45 AM
	Examir		4e. Fecility Nama (If not institution, giva	street end number)	4b.)	City, Town, or Lo	1,4	4c. County	-	
			LIBERTU Me	dical Ce	NTER	Salta).	N	A	
	Funeral		Sociel Security Number 6. Sa.			If Under 24 Hrs.	8. Data of Birth (Month, Day	Vacal	9. Birthp	ace (Stata or Foreign
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	r 28	i e	10e. Street and Number	. 0	10f. Zip Code		1	l 0g. Citizan of V	What Coun	try?
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ore			20a. Method of Disposition		lace of Disposition (Nama of smatary, crematory or other pleda)			20c. Location -	City or To	wn, Stata
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Baltimore,	permit. Pa Departmen Important: any Injury 2008.		21. Signature of Funarel Sarvice License		22. Nama and Address of	of Facility N. R. R.	Hone	()	+	0 31-
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 366 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** William DIXON HEDBURN 1996 NOVEMBER 14 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Gilchrist Center Towson Baltimore 6. Sex 1**X** M 2□ F If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Days Director Yrs. 202-18-8204 JAN 4, 1927 Pennsylvania Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Prince Georges Director Laurel 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 9276 Cherry Lane, #89 20708 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 □Xes 2 □ No WW II. If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Maritel Stetus 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after of Hygiene. other than "natural", or ite 1 Never Married 2 Married 1 Yes 2 No Baltimore, Maryland 21215-0020 þ Specify: White 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed will bepartment or Health and Mental Hygien. Important: if item 27 is marked other tha any injury or other traumatic event, the Ance. Horse Trainer & Owner Race Horses 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Morris Hacker Dixon Jane Shaw Hepburn 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Eileen M. Dixon/Wife 322 Apt. D Limestone Valley Dr. Cockeysville, MD 21030 20b. Place of Disposition (Name of cametery, crematory or other place)
Metro Crematory, Inc. 11/15/96 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removat from State Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
Cremation Society of Maryland, Inc. 21. Signature of Funeral Service Licenses Dawn F 23e. Pent. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. McDonald 299 Frederick Rd. Baltimore, MD 21228 Approximete Interval Between **Physician** /Medical Immediate Ceuse (Final pullary CArcinomA disease or condition resulting in deeth) Examiner Examiner physician and s the burial-transit The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of) P.0. Pert II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 2 X No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveileble prior to Completed 24a. Wes en eutopsy performed? completion of cause of deeth? page 2 of Vital or Attending Physician: Be 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence Other (Specify) Hospica 1 Yes 2 No Certification: To this 27. Menner of Deel 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar Division 1 Neturel

Accident 5 Pending investigation 24 hours after death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide in by t 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29a. Certifier Certifying Phyeicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. Medical (Check only one) 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Day, Yeer) November 15, 1996

State Registrar

NOV 1 8 1996

31. Date filed (Month, Day, Year)

32. Registrer's Signeture

GBMC

6701

N. Charles St. Balto. md 21204

30. Name end address of person who completed cause of methy (trem 23a) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene

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			Certificate of Death Reg. No.								
г	Physic	ian	1. Decedant's Name (First, Middla, Last)					2. Date of Daat Month	h Day	Year	3. Time of Death
V	/Medi		PATRICK	ESE				NOVEME		1996	3:20pm
A	Exami	ner	4a. Facility Name (If not institution, giv				4b. City, Town, or	Location of Deeth	4c. County	of Death	11
Н		7	Union Memoria 5. Social Security Number 6. S		re last hirthday	if Under 1 Year	Baltimo	re City		O Diale	7)
	Funeral Director	Director		1 S M 2 □ F Vrs Months Day				. (Month, Day,	(Month, Day, Yaar)		place (Stata or Foraign htry)
Baltimore, Maryland 21215-0020	ס		Usual Rasidence of Decedant	NOV 4 1949 linknown						own-	
	show		10a. State 10b. County	10c. (City, Town or Lo					1	0d. Inside City Limits
	the M		Maryland none		В	altimore					1 Yes 2 No
	with a or		100. Street end Number 100 E. 20th Stre	a t		10f. Zip Code	1010	11	0g. Citizen of	What Cour	itry?
	De filed within 72 hours after death with the Maryland ital Hygiene. Id other than "naturat", or items 23s or 28s-f show event, its Medical Examinar must be nothed at	To Be Completed by Funeral	11. Marital Status Unknown	12. Was Decedent Ever in	U.S. 13		1218 Hispanic Origin? (5	Specify Yes or No-	14 Bac	un ce - Americ	known
	after or iter		1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No		_	Hispanic Origin? (Specify Yes or Noben, Mexican, Puerto Rican, etc.) Specify:		Black, White, etc. Specify: Black		
	raf, c		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		15x Yes 2□No					ack
	72 h		15. Decedent's Ed (Specify only highest gra		16a. Decedent's Usual ((Giva kind of work)		na during most of working		16b. Kind of Business/Industry		
	within sne. than		Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	lifa.	lifa. DO NOT usa ratire					
	filed Hygie ther ont, II		unknown 17. Fathar's Name (First, Middla, Last)	unknown	u	nemployed	1	me (First Middle A	none		
	should be filed within and Mental Hygiene. Trankad other than irratic event, the Mental Control of the Mental		unknown				18. Mother's Neme (First, Middla, Maldan Surnama) unknown				
	shou mar umat		19a. Informant's Name/Relationship (Typa, Print)	19b. Maili	ng Address (Street		ural Routa Number,	City or Town,	Stata, Zip	Coda)
	permit. Pages 1 and 2 should be Department of Health and Menta Important: If item 27 is marked any injury or other traumatic and once.	unknown unknown									
			20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	in 20b. Place of Di cemafary,		osition (Nama of matory or othar pla	ace)	Date	20c. Location - City or		wn, State
	Pages ment of I ant: If ite		4 ☐ Donation 5 ☐ Other (Specify	State rem.							
	permit. Depart Import any in		21. Signature of Funancial Service Licensee Robert S. Wade, Pirector State Anatomy Board-655 W. Baltimore Street								
	00780		Baltimore, Maryland 21201-1559								
		ner	23a. Wartt Enter the dishame, or comp	plications that caused the de one causa on aach line.	ath. Do not ent	ter the mode of dyi	ng, such as cardia	c or respiretory arre	est,		Approximete Intarval Batween
	Physician /Medical		Immediata Cause (Final	0						İ	Onset and Death
	Examiner		diseasa or condition rasulting in death)	a	Sepsis				24 hr		
				Due to (or as a consequence of): Renal failure 5 yrs							24 hrs 5 yrs
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			if any, laading to Immediate cause. Enter Underlying Cause (Disease or injury								
	cate b	Completed by Physician/Medical	that Initiated events resulting In daath) Last	Due to (or es e consequence of):							
	ding p										
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	es thet the death cogned by the ettend be detached for us		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					23b. Did tobacco use contribute to the cause of death?			
	s thet							1 Yes 2 No 3 Probably 4 Unknown			
	v requires been sig should b						an autopsy an autopsy findir evailable prior to				
	e iaw re hes be ge 2 sho				performed?		CO	mpletion of cause deeth?			
	0 4 0	Som						1 □ Ye	s 200 No	10	Yes 2□ No
	certificate	To Be	25. Was casa raferred to medical examiner?	26. Placa of Death (Chack only ona)							
	Physician: r this certific rral director,		1 ☐ Yes 2 € No 27. Mannar of Death	Hospital: 1 Is Inpatient 2[IL SEL DON						
	After funer	tion	1 ■ Natural 5 □ Panding	28a. Data of injury (Month, Day Year)	28b. Time of Injury	Wo		28d. Dascribe ho	w Injury occur	red	
	Attending or death.	fica	3 ☐ Suicide 6 ☐ Could not be					28f. Location (Str	aat and Numt	per or Rura	l Routa Number
	the Hospital or A thin 24 hours after to the Funeral Dire ompletely filled in b	Certification:	4 ☐ Homicide	building, etc. (Spec	City or Town	City or Town, Stata) NOV 12 1996					
		edicai									ated.
			(Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.								
/	- 100	Σ	29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) AT 2/138944 NOV 12 1991								Day, Year)
	E		1 Homestan	·	AT 2438946 NOV 12 1996						
/			30. Name and addrass of parson who o			Print)		0 11-	-1-0	R	altimore_
		10	31. Date filed (Month, Day, Year)	Nathan 32. Registrar's Sign	Uni	on IVI	emono	w nos	pueco	Đ	W/1700PC
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 36616 Certificate of Death 1. Decedent's Neme (First, Middle, Last, 2. Dete of Deeth 3. Time of Death Month Veer November verha 9:20 AM 1996 16 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Bayview Medical Center Baltimore N/A If Under 1 Yaar If Under 24 Hrs. 8. Dete of Birth (Month, Deys Hours Min. 100 Nov. 5, 1920 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foraign 1**25**M 2□ F 217-05-7715 77 Yrs. Maryland Usual Residence of Deceden 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1002 Quantril Way 21205 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 XYes 2 □ No If Yes, Give Year or Dates: WW II 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Married 2 Married 1 ☐ Yas 2 XNo Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Repair Engineer Steel Mill 6 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Albert Everhart Eva Ida Preston 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Numbar or Rural Route Number, City or Town, State, Zip Code) Paul Everhart, Jr. (SON) 1002 Quantril Way Baltimore, Md. 21205 20b. Plece of Disposition (Nama of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremation 3 ☐ Removel from State Greenmount Crematory 11/19/1996 Baltimore, Md. 5 Other (Specify) 21. Signatura 22. Nama and Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 Part 1. Enter the disaasa, or shock, or heert feilure. List causad tha daath. Do not anter the mode of dying, such es cerdiec or respiratory arrest, on each line. Approximate tntervel Batween Onset end Deeth Immediete Ceuse (Final failure diseasa or condition resulting in deeth) rena Due to (or es e consequence of) one month Sequentielly list conditions, if any, leeding to immediate ceuse. Entar Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or as e consequence of): Due to (or as e consequence of): bleeding Pert tt. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the cause of death? 2100 1 Yes 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of ceusa of deeth? 24a. Was en eutopsy performed? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred

physician end s the buriel-transit The law requires that the death certificeta be executed Box 68760 Physician/Medical for use es P.O. I Records, ۵ Completed certificate of Vital diractor Be 10 IIIIs Certification: sion

Physician

/Medical

Examiner

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Completed

Funeral

Director

tem 27 is marked other than "naturel", or items 23a or 28a-f show other treumatic event, the Medical Examiner must be not liked all

permit. Pages 1 and 2 should be filed within Depentment of Health end Mental Hygiene. Important: If Item 27 is merked other than any injury or other traumetin.

Physician /Medical

Examiner

death

Baltimore, Maryland 21215-0020

25. Was cese refarred to medical exeminer? 1 Yes 2 No

27. Menner of Deet 5 Pending investigation 1 Naturel 2 Accident

3 ☐ Suicide 4 Homicide

6 Could not be determined

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

Bayvien Medical Center

(Check only one)

29a. Certifiar

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. 29c. License number 29d. Dete signed (Month, Day, Year)

29b. Signatura and title of certifier

un

State Registrar

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Dudek 31. Dete filed (Month, Day, Year) NOV 18 1996

Vohns 32. Registrar's Signature

Hopkins 2 Savidan

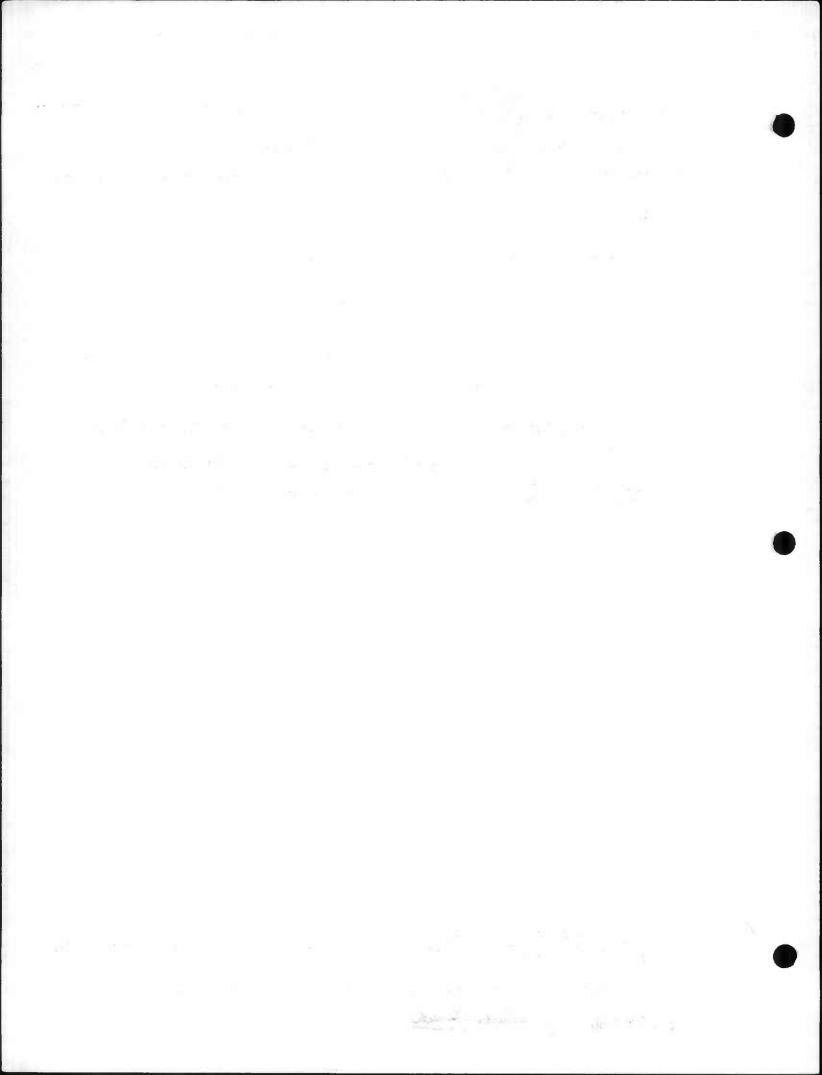
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State of Maryland / Department of Health and Mental Hygiene Q 6 21.1.15

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ñ	Depar Impor any Ir		Martin D	con			Mitch	e11-V	Wiedefel			0.7.6	
	1000		23e. Pert1. Enter tha disaasa, or comp shock, or heart feilure. List only o	licetions thet caused	the death.	Do not	enter the m	York ode of dyi	Road, B	altimore iac or raspiratory a	mp 21	App	roximete rvel Between
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В	Lxammer	_	resulting In death)	o,	Due to (or	es e cor	nsequence o	t):					
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ű.	ding P h. After ti funera	ion:	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Date of Injur (Month, De)	Year)	28b. Tim Inju	iry	28c. Inju		28d. Describe	how injury occu	rred	
Division of Vital	deat deat	ficat	2 Accident investigation 3 Suicida 6 Could not ba	28e. Pleca of Inju	iry - At hon	ne, farm	, street, tecto		Yes 2 □ No			ber or Rurel Rou	ite Number,
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	W		30. Neme and eddress of person who co	ompleted cause of de	eth (Item :	23a) (Ty	rpe, Print)						
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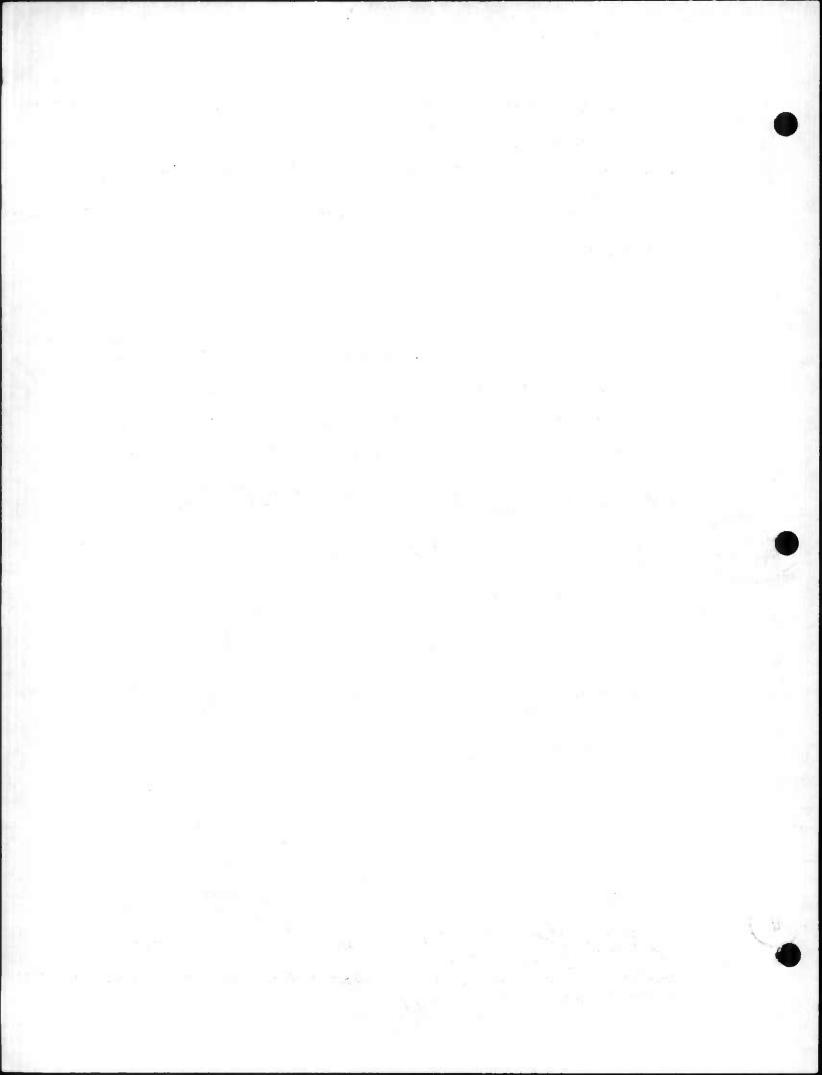


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	Physic /Medi		Louis E.	Edwards					Nov. 1	4, 199	6 Yaar	7:30pm
	Exami		4a. Facility Nama (If not institution, gr	ve straat and numbe	r)			4b. City, Town, or	Location of Deeth	4c. Count	y of Death	
			919 Armstea	d Way				Balti	_		n/a	a
	FuneralDirector		403-50-8325	Sax 7. A 1 ⊠ M 2 □ F	iga (In yrs. 56	last birthday) Yrs.	If Under 1 You Months De			,1940		lace (Stata or Foraign try) ginia
	and w		Usual Rasidanca of Dacadent 10a. Stata 10b. County		10c. Cit	y, Town or Lo	ocation				1	Od. Insida City Limits
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020	within 72 hours efter death with the Maryland ene. then "natural", or items 23a or 28a-f show he Weddeal Examirer must be notified at	b	11. Marital Status 1 □ Never Married 21☑ Marriad 3 □ Widowed 4 □ Divorced	12. Was Daceden Armed Forces 1 Yes 2 If Yas, Giva Yaar or Dates	? INo		Was Dacedant If Yas, specify C 1 ☐ Yes 2 💢	of Hispenic Origin? (S cuban, Maxican, Puar No S <i>pecify:</i>	Specify Yas or No- to Rican, atc.)		ce - Americ ick, White, by: Wh	
Maryland 21215-0020	d within 72 hours plene. r than "natural", the Medical Exa	Completed	15. Decadant's E (Specify only highast gr Eiamantary/Secondary (0-12)	ducation ada complated) Collaga (1-4or	5+)	(Giva lifa.	DO NOT usa re	na during most of wo tired)			ators	Engineer
d 2	filed withi Hygiene. Ither than		10th 17. Fathar's Name (First, Middla, Las)		Const	ruction	Equipement			Loca	1
an	ed la b	Be c		Edwards	_				ma <i>(First, Middla,</i> Rose A11		na)	
7	d 2 should Ith and Men 7 is marked traumatic	P	Delmond 19e. Informant's Name/Relationship	201101201	3	10h Meili	an Address (Car	aat and Numbar or Ri			04-4-70	2-1-1
	d 2 s		Linda M. Edward					ead Way Ba				Code)
re,			20a. Mathod of Disposition	3/ 1122	20b. P	leca of Dispo	sition (Nama o		Data	20c. Location		wn, Stata
mo	Peges nent of nrt: If its iry or o		1 ☐ Burlai 2 🖾 Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Spaci				matory or other ematory		19/96	Baltim		
altimore,			21. Signatura of Funaral Sarvica Lica		2276			drass of Facility				
ä	permit. Departrimports any Inite		DOTA	10	01			y Funeral	Home of	Essex		
			23a. Pert 1. Entar the disaasa, or con	Digations that cause	d the death	Do not ant	300 Mac	e Ave. Bal	timore N	1d. 212	21	Approximete
	Physician		shock, or haart failura. List only	one cause on each	ine.			-,g,	o o noophatoly all			intarvel Batween Onsat and Death
И	/Medical		Immadiata Cause (Final diseese or condition	2.2			7				i	
	Examiner		rasulting In daath)	a. Adenoca.	100 C 100 C	ma OI rasaconsec		etastatic				2 years
-	D #	ner		, Asbesto			,				-	12 years
	eeth certificete be executed ettending physician end for use es the buriel-transit	Examiner	Sequantially list conditions,	Ь.		r as a consec	juanca of):					12 gcars
90	e exe		Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury								1	
68760,	the b	Medical	that initieted events rasulting in daath) Last	C	Dua to (or	as a conseq	uanca of):				1	
9 x	ing p	Me									-	
Bo	deeth co	Physician/		d								
0	the der	/sic	Pert II. Other significant conditions	contributing to death	but not rasu	ilting In the u	ndarlying causa	given in Part f.	23b. Did to	obacco usa co	ntribute to	the cause of death?
0	that the death led by the etter deteched for u		Mid hosin somehu			3	105		1	es 2 No	3 Prob	ably 4 Unknown
ds,	8 50	i by	Mid brain cerebr	OVASCULAL	accı	gent_5	/95				T	
Vital Records,		Completed	Cervical spine i	niuru	196	8			24a. Was e perfor		€V€	ra autopsy findings bilabla prior to npletion of causa
3ec	2 8 6	du.				<u> </u>					of c	leath?
a	ate ate								1 D.Y	es 2 No	1 🗆	Yes 2000
=	Physician: The this certificate ral director, peg	Be	25. Was casa rafarred to medical axaminar?	Hospital:				Other	ath (Check only or			
5	this aldi	T.	1 ☐ Yas 2 ≦ No 27. Menner of Death	1 ☐ Inpat		ER/Outpatien	I SLI DOA		loma 5 Rasida)
	After After fune	tion	1 Natural 5 ☐ Panding	(Month, Di	ay Year)	28b. Tima of fnjury		njuryat Nork? □ Yes 2 □ No	28d. Dascribe h	ow injury occur	red	
isi	Attending r deeth. octor: Afte by the fune	lica	2 Accident investigatio 3 Suicide 6 Could not b	B One Diese of le	iun, At ho	ma farm etc			28f. Location (S	treat and Numi	her or Rure	I Route Number
Division	or A effer Direct	Certification:	4 ☐ Homicida determined	building, a	c. (Specify)	uut, raotory, om		City or Town	n, Stata)		
	Hospital or Attend 24 hours effer deetl Funeral Director: stely filled in by the		29a. Certifier KCertifying Pt	ysician: To tha best	of my know	viedga, daath	occurred et the	a tima, data and plece	, and dua to the c	ausa(s) and m	anner es st	ated.
0		edical	(Check only 2 Medical Examone)	niner: On the basis of and manner s	of axaminet	ion end/or inv	astigetion, In m	y opinion, daath occu	rred at tha tima, d	ata and placa,	and dua to	tha cause(s)
4	To the To the comple	Me	296. Signature and title of certifiar		_		29c. Lice	ensa number	2	9d. Data signe	d (Month, L	Day, Year)
-			1/25.1	< <	/		D1	7030		11/16	/96	
	3		30. Name and andress of person who	complated causa of	death (Itam	23a) (Type.	Print)					
	10							d Medic å l	Center 4	105 W.	Redwo	od St 2120
			. 1 Claired	100	_							

DHMH 16 Rev 6/95

Registrar



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perr		lifted at once.
4 hours after death. Page 6 may be ret	illed in by the funeral director, page 5 s	n, or removal.	FTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be executed within 24	ding physician and completely fil	fygiene prior to burial, cremation	r other traumatic event, the
The law requires that the death	cate has been signed by the atten-	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cren	tem 23 shows any Injury, o
L DR ATTENDING PHYSICIAN	AL DIRECTOR: After this certific	? hours after death with the S	item 28 Is marked, or i
HOSPITA	FUNERA	within 72	TANT: B

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First,	Middle, Lest)	mari			F 1					2. DATE C	F DEATH	DAY	YEAR	3. TIME OF DEATH
Helen		Marie	2		1	nge	1			OCTOB		8 19	196	04:30 P "
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (in yrs. last birth	//	UNDER 1 YE		IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRT	HPLACE (State or Foreign
212-32-395	7	1 M 2 🔀 F	94	YF	IS.	NTHS DA	478	HOURS	MIN.		2,190	02		yland
9a. FACILITY NAME (If not in	stitution, give s	treet end number)			96	CITY, TO	WN OR	LOCATIO	ON OF D	EATH		9c. COL	INTY OF E	DEATH
Wilson Heal		e Center				Gai	the	rsb	urg				Mon	tgomery
10e. STATE	10b. COUNTY	1		10c	CITY, TO	OWN OR L	OCATIO	ON	-					10d. INSIDE CITY LIMITS?
Maryland	Montg	omery			Ga	ithe	rst	urg						1 YES 2 NO
10e. STREET AND NUMBER								ZIP CODE				10g. CI1	IZEN OF	WHAT COUNTRY?
301 Russel.	l Aven	ue							2	20877			U.S.	. A
11. MARITAL STATUS	CONTRACTOR .	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED						NIC ORIGIN?		e or No-	14. RAC	E — American Indien, ck, White, etc.
1 X Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						₹NO		en, Puerto Ri fy:	can, etc.)		Spec	
	EDENT'S EDU y highest grade		T	18e. DECEDE	d of work	done durin	PATION na most	of working	na .	16b.	KIND OF BI	USINESS/IN	DUSTRY	
Elementery/Secondary (0		College (1-4 or 5	+)	life. Do N	OT use re	tired.)								
9		0		Flo	rist						rtic		e	
17. FATHER'S NAME (First, M										AME (First, M.				
John Finge										atrin				
Rev. John		erch/Nep	hew							Route Number				19425
20a, METHOD OF DISPOSIT	on 3 🗆 Rem	oval from Stata		. PLACE AND D			N (Nam	ne of		DATE	20c. L	OCATION -	City or T	own, State
21. SIGNATURE OF FUNERA		DANCE DANCE	- For			22. NAN	ME AND	ADDRE	SS OF F	ACILITY	. 4 6 5	5 T.T	D = 1 +	imore Street
Monard	11/	11 Thea	1							rylan				
23. PART i. Enter the d					Do not	enter the	mod	e of dy	ing, suc	ch ss cerdi	ec or res	piratory s	rrest,	Approximate
IMMEDIATE CAUSE (Fig		List only one car	ise on e	ach line.										Onset and Death
disesse or condition		. Atheros	cler	otic G	ardi	's Va	Scu	lov	Di	seas	2			YEARS
readiting in death)				CONSEQUEN										
		b.												
Sequentially list condit if sny, lesding to imme	diete	DUE TO	(OR AS A	CONSEQUEN	CE OF):									
cause. Enter UNDERLY CAUSE (Disease or Inju		c												
that initiated events resulting in death) LAS	т	DUE TO	(OR AS A	CONSEQUEN	CE OF):									
		d												-
PART II. Other aignifica	ant condition	ns contributing to	death b	out not result	lng in t	he under	rlying	cauae	given in	Part I.	24a. WAS A		24	b. WERE AUTOPSY FINDINGS
Celluli	tis										PERFO	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_		_	1 123	2 10		OF OEATH? 1 ☐ YES 2 🔏 NO
DID TOBACCO U	ISE CONT	RIBUTE TO CA	USE O	OF DEATH	YES	Пис) Def	UNC	ERTAI	N D				I TES S M
25. WAS CASE REFERRED T		T		28. PLACE OF				-				_		
EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Oute	patient 3 D		THER:	Home	s □ B	aldence	8 Other	(Specify)			
27. MANNER OF DEATH		2Se. DATE Of	F INJURY		. TIME O	F 28	c. INJU	RY AT			CRIBE HOW	INJURY O	CCURED	
	Pending Investigation	(Month, I	Day, Year)		INJUR		WOR	K?	NO	1				
2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY	/ — At home, f	erm, stre	et, factory,	office			281. LOCA	TION (Stree	t and Numb	er or Rural	Route Number,
4 Homicide	detarminad	building	, atc. (Spec	спу)						City o	r Town, Stat	he)		
29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the beat o	f my know	rledga, daath o	ccurred a	it the time,	, date e	nd piece	, end du	e to the caus	se(s) end m	enner ee at	sted.	
one) 2 MED	ICAL EXAMINE	ER: On the basis of	xeminatio	n and/or invest	tigation, i	n my opini	lon, de	ath occu	red at the	e time, date	end place,	end due to	the ceuse	(e) end manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R						29c. LIC	ENSE NU	IMBER		29d. D/	TE SIGNE	D (Month, Day, Year)
K	10_		2	2-1	m	D		DI		866	,			ER 22,1996
30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAL	SE OF DE	ATH (ITEM 27)	(Type, Pri	int)		.,,,						
KANAN, HUI	DHUD,	MD ASI	N	ERED	PRIC	KAV	E	su1	TE 2	30 G	HTHER	28/84/	26,1	mD20877
NOV 1 8 199	6	grate barre	CHAPITY OF	angelica	. 7									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 ITEM: 26. PER DR. FILM q-741 11/18/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month OCTOBER 31, 1996 HELEN CHRITZMAN **FOCHTMAN** 0720 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Sacred Heart Hospital Cumberland
if Under 24 Hrs. 8. Allegany If Under 1 Year 5. Sociel Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Days Hours 1 □ M 2 1X F Yrs. Director 92 220-10-7005 August 8,1904 | Pennsylvania the Maryland 10e. Stete 10b. County 10c, City, Town or Location or 28a-f show a notified at 10d. Inside City Limits Maryland Allegany LaVale 1 ☐ Yes 2 ☑ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? WITH "natural", or items 23s or edical Examiner must be r 255 National Highway 21502 U.S.A. death Funeral 12. Wes Decedent Ever In U,S. Armed Forces?
1 ☐ Yes 2 ☐ YNO If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after of nert of Health and Mental Hyglene.

Int. If Rem 27 is marked other than "natural", or the ury or other traumatic event, the Medical Examines 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: White þ Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) Elementery/Secondery (0-12) College (1-4or 5+) 8th Homemaker Private/Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be John S. Brewer Nellie Chritzman 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Clyde Fochtman-Nephew Rd.-1-Box 481-Hyndman, Pennsylvania 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Department of important: If any injury or once. 4 Donetion 5 Other (Specify) Ronald S 21. Signature of F 22. Name and Address of Facility Director State Anatomy Board-655 W. Baltimore Street Pert 1. Enter the disease, or complications that caus shock, or heart failure. List only one cause on each Baltimore, Maryland 21201-1559 ons thet caused the deeth. Do not enter the mode of dying, such es cardlac or respiratory arrest, euse on each line, Approximete Interval Between Onset and Death **Physician** /Medical Immediete Cause (Finei Keroh diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner The lew requires that the death certificate be executed ettending physician and for use es the bunel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or as e consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à Completed 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? page 2 2 No 1 ☐ Yes 2 ☐ No certificate To the Hospital or Atlanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p Be 25. Was case referred to medical 26. Placa of Deeth (Check only one) examiner? Other: 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end piace, and due to the cause(s) end menner stated. 29a. Certifier Medical (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

10

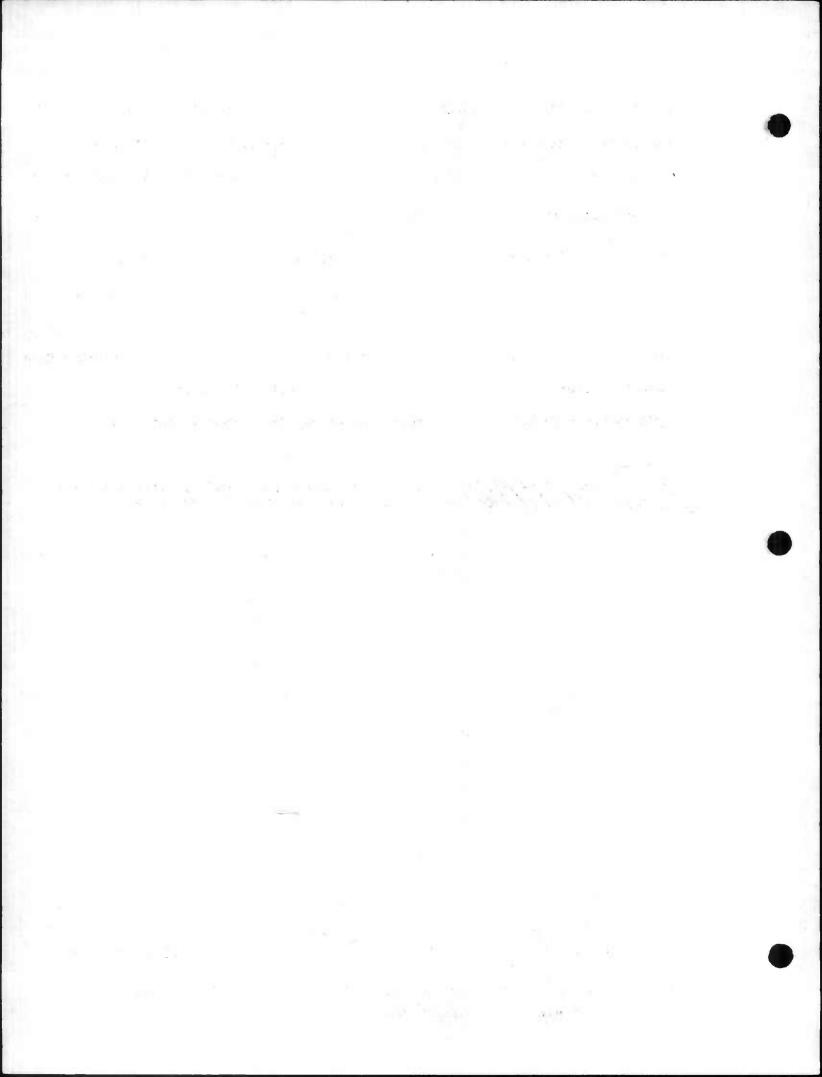
32. Registrer's Signeture

eth (Item 23e) (Type, Print)

OCTOBER 31, 1996

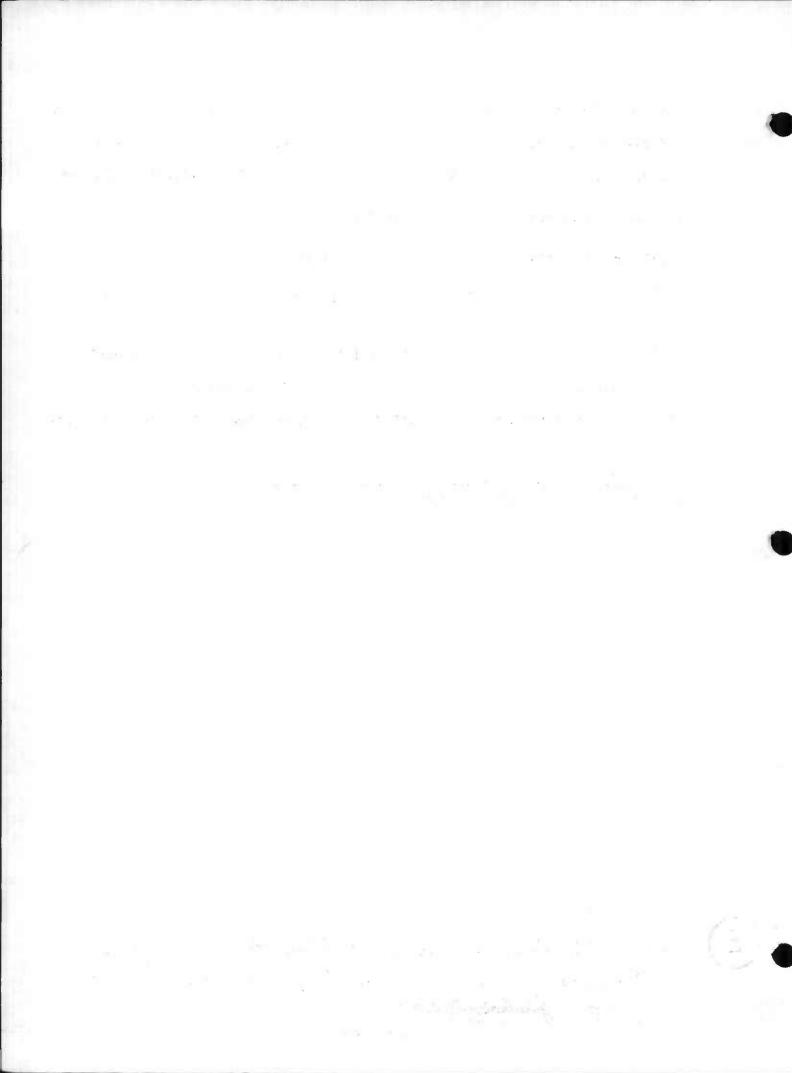
State Registrar 30. Name and address of person who completed

31. Dete filed (Month, Dey, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.6

				- State of Mai	rylalia / i		ificate of		Wichtairiy	Reg. No.	0 ,	54419
	Physici	an	Decedant's Name (First, Middle, Last)						2. Deta of De Month	eth Dey	Yaar	3. Time of Death
4	/Medic		MIRIAM ELAINE	FLIEGEL					Novembe		1494	6 49A
	Examir	er	4e. Facility Nama (If not institution, giva	traat and number)				4b. City, Town, or	Location of Daet	h 4c. County	of Death	
	<u> </u>		Stella Maris Hos	pice				Towson		Bal	timor	e
	Funeral		Social Security Number 6. Sex		(In yrs. last bi		If Undar 1 Year Months Days	If Undar 24 Hr		th av Year)	9. Birthp	olaca (Stete or Foraign
н	Director		213-36-4221	M 25XF	58	Yrs.			Sept.	21,1938	Mar	yland
П	9 .		Usuel Rasidence of Dacedant									
	ahin Alak	_	10e. Stata 10b. County		10c. City, Tow						1	Od. Insida City Limits
	with the Maryland a or 28a-f show Libe notified at	Funeral Director	Maryland Baltimor	e	UW	ıngs	Mills					1 ☐ Yas 2 ☐XNo
	E 22 B	lire.	10eStreet and Number				10f. Zip Coda			10g. Citizan of	What Coun	ntry?
	9 Kg 11 P	alc	9311 Countess Dri	ve			21	117		U.	S.A.	
	de de	ner	11. Merital Status	2. Was Dacadent Ev	er in U,S.	13. Wa	as Dacedent of H	lispanic Orlgin? (an, Maxican, Pue	Specify Yes or No	- 14. Red	ca - Amaric	
21215-0020	172 hours after death with the Maryar featurer, or theme 23s or 28s-f show idical Examiner must be notified at	by	1 Navar Married 2 Married 3 Widowad 4 Divorced	Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:			ras, specify Cub: ☐ Yes 2 ☐ No		rto Hican, etc.)	Specif	ck, Whita, y: W	_{etc.} hite
2	72 ho naturi fical J	Completed	15. Dacadant's Educ	ation	16a	. Daceda	nt's Usual Occup	pation		16b. Kind of B	usinass/ind	dustry
215	within 72 ho lene. Then "netur The Medical	el d	(Specify only highast grade Elamantary/Secondary (0-12)			(Giva kii	nd of work dona NOT use retire	during most of wo d)	orking			
2		E	12	Collega (1-4or 5+)	,	Medi	cal Tec	hnician		_M	ledica	1
	be filled that Hyg d other event,		17. Fethar's Nama (First, Middla, Last)						ma (First, Middle			
9		o Be	Myer Fliegel					T.1111	an Bellu	15		
\geq	0 2 2 2	10	19e. informant's Name/Ralationship (Type	o Printl	104	Mailine	Address (Ctreat	and Number or F			Cinto Tio	Code
Maryland	d 2 sh th and 7 is m traum	0	Sandra Abramson/S			_		Drive-Ow				
0	ges 1 and t of Health If frem 27 or other tr		20a. Mathod of Disposition				tion (Nama of	2276 01	Data	20c. Location	-	
Baltimore,	Page nent c ant: If ury or		1 ☐ Burial 2 ☐ Cramation 3 ☐ R. 4 ☐ Ponation 5 ☐ Other (Specify)	0	camata	ry, crama	tory or other ple	Ce)	Data	200. Location	- City or Fo	wii, State
Salt	permit. Pa Departmen Important: any Injury 9058.		21. Signature of Full anal Service Licanse Ronald S. W	ade Direc	rtor	22. I	Name end Addre	ss of Facility tomy Boa	rd-655 I	J Rolti	more	Street
ш	20228		1200011/1	1 proce	11/13/0			, Maryla		201-1559		Street
			23a. Puril. Entar tha disaasa, or complication, or heart failura. List only on	ations that causad th	na daath. Do							Approximata
	Physician		anock, or neart failura. List only on	e cause on aach lina.							İ	Intarval Batween Onsat and Deeth
9	/Medical		immediata Causa (Finel	RDCA	Ci	1	ANICE	8			İ	1-100
в	Examiner		diseasa or condition resulting in death)	DRO	1-21		CIOCK					0913.
		e.		Di	ue to (or as a	conseque	anca of):				į	0
	nsit	Examiner	_ b				1				i	
6	ificate be executed physician and as the burial-transit	Xal	Sequantially list conditions, if any, leading to immediate ceuse. Enter Undertying Cause (Diseese or Injury that initiated events	Du	ua to (or as a	consequa	ince of):				į	
68760,	be e siclar buri	100	Ceusa. Entar Undarlying Cause (Diseesa or Injury									
387	phys the	edicai	rasulting in daath) Lest	Du	ua to (or as a	conseque	nce of):					
											į	
Box	aath certif attending for use a	Physician/M										
o.	the day	ysic	Part II. Other significant conditions con	ributing to death but	not resulting I	n tha und	arlying causa giv	ran in Part I.	23b. Did	tobacco use co	entribute to	the cause of death?
9	aw requiras that the death cert as been signed by the attending 2 should be detached for use a								1 🗆	Yes 2 No	3 Prot	bably 4 Unknown
S	iras that signed d be det	by									Т	
of Vital Records,	been si should	Completed								an autopsy ormed?	eve	ere autopsy findings eilable prior to
9	has by	칊									of	mplation of cause deeth?
8	0 - 0	6							10	Yas 2 No	10	Yas 2□ No
ta	certificate	Be	25. Wes casa rafarrad to medical					26 Place of De	ath (Check only	onal		
>	Physician: this certific ral director,	TOB	axaminar? 1 ☐ Yes 2 No	ospital:	2 □ ER/O	thatiant	3 DOA Oth	ill.			ar (Canaih	W) HOSPICE
	는 문 등		27. Mannar of Death	28a. Deta of Injury		Tima of			7	how Injury occur		M HUSPICE
on	Attending Phy ir death.	to	1 Natural 5 Panding Invastigation	(Month, Day Y		Injury	28c. Injur Wor	k? Yas 2∐No				
S	or Attending the deat Nirector: in by the	Ca	3 ☐ Suicide 6 ☐ Could not be	28a. Placa of Injury	/ - At home fo	ım etraa			28f Location /	Street and Numl	her or Bure	al Routa Number,
Division	2 4 7 5	Certification:	4 ☐ Homloida datarmined	building, etc.		ımı, sıraa	t, lactory, onica		City or To	wn, Stata)	oer or nura	ir routa reamber,
			One Continue Manual Transfer									
	Hospital 24 hours Funeral taly filled	edicai	29a. Certifier 1 ☐ Certifying Physical Examin	clan: To the best of r ar: On the besis of ex	xaminetion an	e, death o id/or inve	ccurred at tha tir stigation, In my o	na, data and plac plnion, deeth occ	e, and dua to tha urred et the time,	date end place,	ennar as si end due to	teted. o the ceuse(s)
	MIL	Med	29b. Signatura and title of cartifiar	and mannar state	u.		29c. Licans	e number		29d. Date signe	nd (Manth	Day Year
	F 3 F 8	-	Constitution of Cartinal	001			250. ElGalis)511=	>	11 / 1	10111	-uy, 1041/
	(-)		*KONAULU C	talle	ull	2	Do	-364	>	11/11/	146	
			30. Name end eddress of person who cor	/	- (111	1 10	1 00	10.	201	
			KRHaulkner MD	/2300 D	ulane	9 V	ollegie	2/306	sto M	7 41	204	
	Sta		31. Data filed (Month, Day, Year)	ha Paul dron-	Signature		U	,				
	Registr	ar .	NOV 181996 7									



Item23b 12-12-96 FilmG742 W.H.Per Doctor

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1. Decedent's Neme (First, Middla, Last) **Physician**

Month 6:58 a.m.

3. Time of Deeth

10d. Inside City Limits

1 Yes 2000

/Medical Examiner

Funeral Director

Director

Funeral

þ

Completed

Be

ဥ

death with the Maryland Item 27 is marked other than "naturel", or items 23a or 28a-f show other treumstic event, the Modical Examiner must be nothed at filed within 72 hours after Hygiene. permit. Pages 1 and 2 should be filed Department of Health and Mental Hygid Important: if Item 27 is merked other: eny Injury or other treumatic event.

altimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner attanding physician and for usa as tha bunal-transit P.O. Box 68760. The law requires that the death certificate be Physician/Medical signed by t Records, Completed by should t cartificate Division of Vital or Attending Physician: director, Be 2 this Certification: To the Hospital or Attending within 24 hours after death.

To the Funerel Director: After completely filled in by the fun edical

Certificate of Death 2. Dete of Deeth FISCHER , Jr. November 16, 1996 Frederick Wilmer 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Rossville Franklin Square Hospital Center Baltimore If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (in yrs. last birthday) 6. Sex Birthpiaca (State or Foraign Country) 1 → M 2 □ F Days Months 67 220-24-4776 Oct. 30, 1929 Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location Baltimore Middle River Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21220 U.S.A. 103 Lariat Road 11 Meritel Stetus 12. Was Decedant Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Bieck, Whita, atc. 1 ☐ Never Merried 2 ☑ Merried ☐ Yas 2 No 1 ☐ Yes 2X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Year or Dates 18e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Dry Wall Carpenter Construction 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Frederick W. Fischer Ethel Muhly 19a. Intorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) 103 Lariat Rd. Middle River, Md. 21220 Erma Mae Fischer (WIFE) 20a Method of Disposition 20b. Placa of Disposition (Name of 20c. Location - City or Town, State 11/19/1996 cemetery, cremetory or other plece) 1 Burial 2 □ Cremetion 3 □ Removel trom Stete Gardens Of Faith Cemetery Baltimore Co., Md. 4 Donatio 5 Other (Specify) uneral Service Lice 22 Neme and Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 used tha death. Do not antar tha mode of dying, such as cardiac or respiretory errest, Immediate Ceuse (Finel disaese or condition resulting in deeth) Myocardial Infarction Due to (or es e consequence of): Coronary Artery Disease Due to (or es a consequence of):

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in daath) Lest

Dua to (or as a consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? TAYes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy 1 ☐ Yes 2 No

26. Plece of Deeth (Check only one)

24b. Were eutopsy tindings evellable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

Approximate Intervel Between Onset end Deeth

1 hour

l week

25. Wes case reterred to medical exeminer? 1 Yas 2 No 27. Menner of Death

1 Netural

2 Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation

28a. Dete of Injury (Month, Dey Year) 6 Could not be datermined Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Hospital:

28b. Time of Injury

1 ☐ Inpatient 2 🖾 ER/Outpetient 3 ☐ DOA

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

11 Certifying Physician: To the bast of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(s) and menner es steted.

| Medical Examiner: On the bast of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) and menner steted. (Check only one) 29b. Signetura and title of certifian

29c. License number D26116

29d. Dete signed (Month, Day, Year) November 16, 1996

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

nun

Dr. Laurie Harris 31. Dete tiled (Month, Dey, Year)

9000 Franklin Square Drive

Baltimore, Md. 21237

State Registrar

NOV 18 199



State of Maryland / Department of Health and Mental Hygiene

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Physician /Medical Examiner

Funeral Director

Director

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permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mentel Hygiene. Important: if then 27 is marked other than "natural". or the market of th 2 Completed Be **Physician** /Medical Examiner Box 68760. P.O. 1 Records, Division of Vital Hospital or Attending Physician: Certification: s efter death.

I Director: After the further the furt To the Hospital within 24 hours of To the Funeral Completely filled illed edicai Registrar

Certificate of Death 1. Dacedant's Name (First, Middla, Last) 2. Data of Daath 3. Tima of Death Dey Month RICHARD FULTON NOV.12,1996 1425 4a. Fecility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Deeth BALTIMORE or If Under 24 Hrs. 3107 FRISBY ST. If Under 1 Year 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Aug. 31,34 5. Social Sacurity Number Birthplace (Steta or Foraign Country) Days 12 M 2□ F Months Hours 212-30-9801 62 Yrs Mary land Usuel Rasidance of Decadant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore 1 XYas 2 □ No 10e. Sfreat and Number 10f, Zip Coda 10g. Citizan of What Country? 3107 Frisby Street 21218 USA 12. Was Dacadant Evar in U,S. Armed Forcas? 120 Yes 2 □ No If Yas, Giva Year or Defas: Was Dacedant of Hispenic Origin? (Spacify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Raca - American Indian, Bleck, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grada completed) 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Laundromat Entrepreneur 12th 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) Samuel Fulton Mary A. Nelson 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2471 Druid Hill Avenue, Balto., MD 21217 Mary A. Nelson 20b. Place of Disposition (Name of cematary, cremetory or other place) 11/18 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata DE Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Garrison Forest Veterans Cem. Owings Mills, MD on 5 Othar (Specify) 21. Signature of Funaral Sarvice License 22. Nama and Addrass of Facility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 or complications that ceusad it a death. Do not anter the mode of dying, such as cerdiac or respirefory arrast, and only one cause on each in-Approximeta Intarval Batween Onset and Death Immediata Cause (Final Arteriosclerotic Cardiovascular Disease diseese or condition resulting in death) Due to (or as a consaquance of) Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disaase or Injury that Initieted evants rasulting In daath) Lest Dua to (or es e consequence of) Dua to (or es e consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings svallable prior to complation of ceusa of death? 24e. Was an autopsy performed? INSPECTION 1 ☐ Yas 2 ☐No 1 ☐ Yas 2 No 25. Was cesa refarrad to medical examinar? 26. Place of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home MARasidance 6 ☐ Othar (Spacify) XYes 2□ No 1 Inpatiant 2 ER/Outpatiant 3 DOA 27. Manner of Death 28a. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred

1 Certifying Physician: To the best of my knowledge, daath occurred et tha time, date end place, and due to the cause(s) and manner es stated.

XXMedical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at tha time, data and place, and due to the ceuse(s) and mennar stated. (Check only onel 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Dey, Year) NOV.13,1996 OCME 4.0 30. Name end addrass of person who complated cause of daath (Item 23a) (Typa, Print)

28a. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

1 ☐ Yas 2 ☐ No

28f. Location (Straat and Number or Rural Route Number, City or Town, State)

Theodore King M.D. State

1 Naturel

2 Accidant 3 Suicida

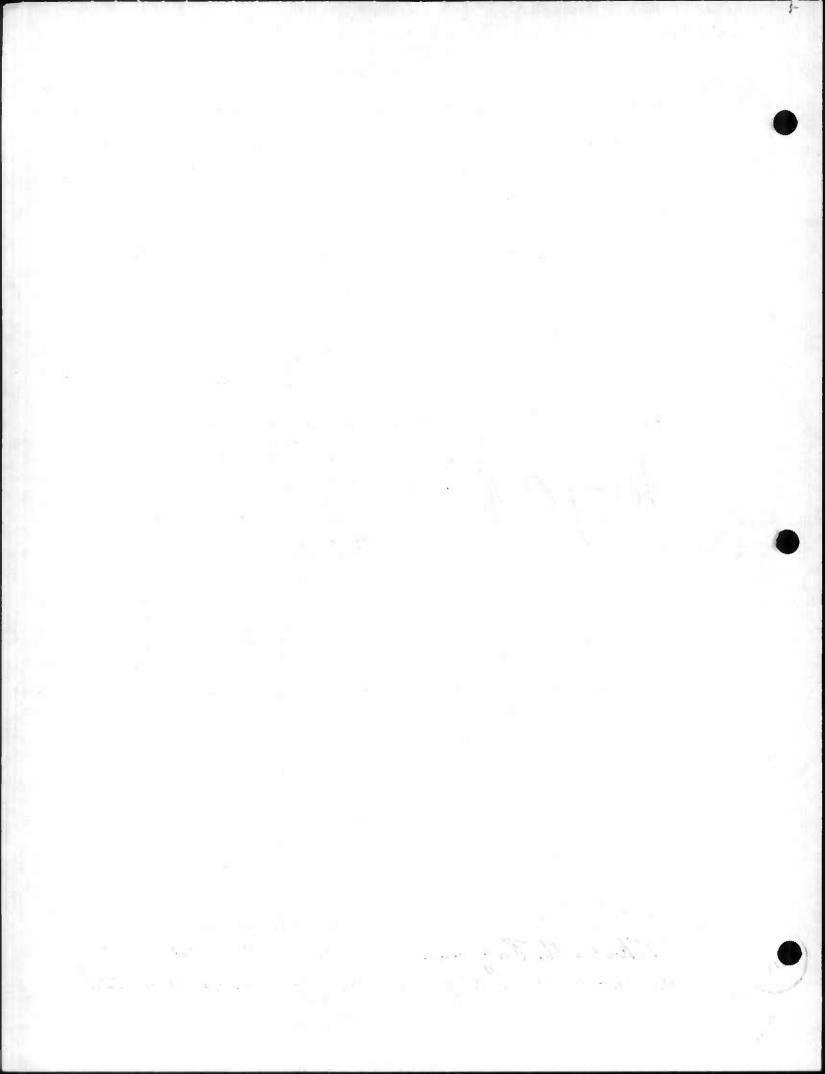
4 ☐ Homicide

29a. Certifian

5 Panding invastigation

6 Could not be datermined

111 Penn Street, Baltimore, Maryland 21201 who Bauldistrar's Abpaluel



per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

Physician /Medical Examiner 1. Decedent's Name (First, Middle, Lest) SAMUEL LOUIS IR

Month NOV

1630

4a. Facility Name (If not institution, give street end number) CARROLL COUNTY GENERAL HOSD.

10 M 20 F

4b. City, Town, or Location of Death WESTMINISTER

4c. County of Death

Funeral Director

28a-f show

ò items 23a

"natural", or

Hygiene.

permit. Pages 1 end 2 should be filed wit. Department of Health and Mentel Hygiene Important: If them 27 te marked other tha any injury or other traumatic event, that once.

Physician

/Medical

Examiner

physician end s the burial-transit

icspital or Attending Physician: The law requires thet the death certificate be executed

After

death.

hours after deat

filled in by

P.O. Box 68760,

Records,

of Vital

Division

Physician/Medical Examiner

2

Be Completed

Medical Certification: To

Q

Completed

Be

Baltimore, Maryland 21215-0020

213485356

45 45

7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Days Hours Min. (Month, Day, Year)

CARROLL Birthplace (State or Foreign Country)

10a State

10b. County Carroll 10c. City, Town or Location

2. Dete of Death

Maryland

Director

Maryland

Westminster

10d. inside City Limits 1 ☐ Yas 2 No

10e. Street and Number

10f. Zip Coda

10g. Citizan of What Country?

1105 Deer Park Road 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes ※☐ No If Yes, Give Year or Dates:

21157 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 1 Yas 2 No

14. Raca - American Indian, Black, White, etc. Specify: White

1 Never Married 2 Married 3 Widowed 4 Divorcad

15. Decadent's Education (Specify only highast grede completed)

16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

USA

Elementary/Secondary (0-12)

College (1-4or 5+)

Stable Employee

Race Horeses

17. Father's Name (First, Middle, Lest)

Samuel Louis Fox

Drusilla Wolff

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)

18. Mothar's Name (First, Middle, Meidan Surnama)

Drusilla W. Fox/Mother

1105 Deer Park Rd. Westminster, MD 21157 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20c. Location - City or Town, State

20a. Method of Disposition

1 Burial 24 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

Metro Crematory, Inc. 11/15/96

Baltimore, MD

21. Signature of Funeral Service Licansee

Dawn McDonald Mc A.

22. Nama and Address of Facility
Cremation Society of Maryland, Inc.
299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death

a. SEVELE REVAL FAILURE

Due to (or as a consequence of):

Immediate Ceuse (Final disaase or condition resulting in death)

DIABETES MELLI TUS
Due to (or as a consequence of):

Dua to (or as a consaquance of):

Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseese or injury that initiated events resulting in daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Whknown

DIARKTES MELLITUS

24a. Wes en autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 1 No

25. Was case referred to medical 1 Yes 2 No

Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

5 Pending investigation

6 Could not be determined

28a. Date of Injury (Month, Dey Year) 28b. Time of

28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yas 2 ☐ No 28a. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28f. Location (Straat end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

27. Manner of Death

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and titla of certifier

Namman Haloli, MI)

29c. Licensa number

29d. Date signed (Month, Dey, Year)

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

NAMAN HALAIS/ MI)

31. Date filed (Month, Day, Year) NOV 1 8 1996 82, Registrar's Signature

State Registrar

DHMH 16 Rev 6/95

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Add to the state of

				State of Mary	land / Departmen	nt of Health and te of Death	Mental Hygiene	96 34423
П	Physic	lan	Decedent's Name (First, Middle, La CHANNIE	·	RAZIER		2. Date of Deeth Month Dey	3. Tim f th
V	/Medi	cal	4a. Fecility Name (If not institution, gir	<u> </u>	RAZIER	4b City Town of	r Location of Deeth 4c. Count	16 6 1111
	Exami	ner	1000 115	II CI	reet	D-17.	nore Nie	ty of Deeth
	Funeral Director		5. Sociel Security Number 6.			r 1 Yaar If Under 24 Hr. Deys Hours Mir	s. 8. Date of Birth	9. Birthplece (State or Foreign Country) Maryland
	72 hours efter death with the Maryland natural; or items 23a or 28a-f show dical Examiner must be notified at	Director	10e. Stete 10b. County	10	c. City, Town or Location Baltimore			10d. Inside City Limits 1X Yes 2 □ No
	with the sa or 2 the m		10e. Street end Number	tta Ct.		Code	10g. Citizen of	Whet Country?
	death ms 23	Funeral	1828 W. Faye	12. Was Decedant Evan		1223 denf of Hispanic Origin? (I cify Cuben, Maxican, Pue	Specify Yes or No- 14. Ra	ce - Amaricen Indian,
020	ours efter ai', or ite	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yas 2 No If Yes, Give Yeer or Dates:	If Yas, spe		nto Ricen, etc.) Ble	eck, White, etc.
215-0020	<u>c</u>	Completed	15. Decadent's E (Specify only highest gra Elementary/Secondery (0-12)	ducetion ade complatad) College (1-4or 5+)	16a. Dacedent's Usu (Giva kind of wo life. DO NOT u	el Occupation ork done during most of wo se retired)	orking 16b. Kind of E	Business/Industry
121	TI Co. by		17. Fether's Neme (First, Middle, Last		Home	maker	own	home
land	S a S	To Be	John A. Path	24900			me (First, Middla, Maiden Surner MORIAH W. C	
Maryland	d 2 should th and Mer 7 is marke traumatic	-	19e. Informent's Name/Relationship (Type, Print)	19b. Mailing Addres		Rural Route Number, City or Town	
-	1 an Heali		Rev. Gertrude M. 200. Mathod of Disposition		Ob. Plece of Disposition (Na	me of	, Severna Park	Makyland 21146 City or Town, State
imo	Page ent o nt: If ry or		1 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		Arbutus C	emetery		mong Manyland
Baltimore	permit. Pa Departmen Important: any injury once.		21. Signature of Funeral Service Lice	nsee)	308FP 2146	d Address of Facility	RNUEUNERALOHOME	
			23e. Pert1. Enter the disease, or com shock, or heert feilure. List only	plications that caused the one ceuse on each line.	deeth. Do not enter the mod	la of dylng, such es cerdia	ac or respiretory errast,	Approximete intervel Between
)	Physician		Immediete Cause (Final	-		1.		Onset end Deeth
	Examiner		disaasa or condition resulting in deeth)		to (or es e consequenca of)	aveinm	a	3 months
_	sit ad	iner		gas	tric Ca	ramoina		6 ments
_6	be axecutational	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	O Due	to (or as e consequance of):			
8760	ete be axecuted hysician and the bunal-transit	cai	thet Initieted events	c. Due	to (or es a consequence of):		-	
89 ×	entifice ling ph e as th	Med	resulting In deeth) Last	4				
Box	death certific e attending pl od for use as t	cian		d				
o.	tha A	Physician/M	Pert II. Other significant conditions of	ontributing to death but no	t resulting in tha undariying o	eusa given in Pert I.		ontribute to the cause of death?
	SE G	by P					T Tes 245-No	3 Probably 4 Unknown
of Vital Records,	s been s	Completed					24e. Wes en eutopsy performed?	24b. Wara autopsy findings avellable prior to completion of ceuse of deeth?
ř	The ete h	Com					1 □ Yes 2 No	1 ☐ Yes 2 No
VII	Physician: The this certificete ral director, pag	Be	25. Wes case refarred to medical axeminer?	Hospitel:		Oth	eth (Check only one)	
5	Phys ir this eral dir	1: To	1 ☐ Yes 2 No 27. Menner of Deeth	28e. Dete of Injury	2 ER/Outpetlent 3 DO		Home 5 Residence 6 Oth 28d. Dascribe how injury occur	
6	at Alle	atior	1 Neturel 5 ☐ Pending investigation	(Month, Dey Yea	Injury M	t8c. Injury et Work? 1 ☐ Yes 2 ☐ No	200. Data not rightly door.	
3	Directo	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Injury - building, etc. (Sp	At home, ferm, sfreet, fector, pecify)	, office	28f. Location (Street and Numi City or Town, State)	ber or Rurel Route Number,
-	To the Highlin 24 Your To the Fundant Completery tills	edical	29a. Certifler (Check only one)	yaiclen: To the best of my niner: On the basis of exer end mannar steted.	knowledge, deeth occurred minetion end/or investigation	ef the time, dete end plece In my opinion, deeth occu	e, end due to the cause(s) end murred af the time, date end plece,	enner es steted. and due to the ceusa(s)
	To the within? To the	×	29b. Signature and title of certifier	1.11		. Licensa number	29d. Date signe	ed (Month, Day, Year)
	2		I gosopa H	(miles 1	IVU	006987	11/1	1196
	2		30. Name and address of person who	Miller	(Item 23e) (Type, Print)	ATON AV	E Baltrui	4/96 * Ad21229
	Sta Registra		31. Date filed (Month, Day, Xear)	32 Registrar S	gratura -			

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

34424

						Cei	rtificate	of E	Death			Reg. No.			
		. 1	1. Decedant's Nama (First, Middla,	Last)						Ē.	2. Data of D	eath	1.26	3	3. Time of Daath
	Physic /Medi		ALEXANDRA	GLYK	LIADOL	,				1	Month NEVEMS	ER 14	Yaar	6	4:05 PM
	Exami		4e. Facility Name (If not institution,					41	c. City, To		ation of Daa		ounty of Dea	-	
			Johns Hopkins	Bayview M	Medical	Center	r	F	Balti	more	City		N/A		
	Funeral Director				7. Age (In yrs. I		If Under 1	Yaar Days	If Under Hours	24 Hrs. Min.	8. Data of Bi (Month, D	irth ay, Yaar) 0. 189	9. Bir	thplace ountry)	(Stete or Foraign
g	,		Usual Rasidance of Decedant									, 10	70, 01		
aryia	show	_	10a. Stata 10b. County	A		, Town or Lo									Insida City Limits
Me M	89-1	Director	Maryland N/	4	Ва	ltimo									XXYas 2 □ No
vith t	20	Dir	10e. Street end Numbar				10f. Zip C					10g. Citiza	n of Whet C	ountry?	
ath v	238	rai	414 Hornel Str					1224					Greece		
filed within 72 hours aftar death with the Maryland	if heelth and Mantel hyglena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be nothing at	by Funeral	11. Marital Status 1 □ Nevar Marriad 2 □ Marrie 3 ☒ Widowed 4 □ Divorcad	Armed Fo	2 X No	1	Was Dacedar f Yas, specify 1 ☐ Yes 2 ☐		spanic Orl n, Maxicer Spacify:		olfy Yas or N lican, atc.)		Black, Whi		
72 ho	ical	Completed	15. Decedant's			16a. Daced	lant's Usual (Occupat	tion			16b. Kind	of Businass	/Industr	ry
thin 7	- E	pie	(Specify only highast Elamentary/Secondary (0-12)	grade complated) Collaga (1	-4or 5+)	(Giva lifa. L	kind of work DO NOT use	dona du retired)	uring mos	t of working	9				
w De	the state of	NO.	6′				Homen	make	er			Ov	wn hom	е	
e file	a Loth	Be (17. Father's Nama (First, Middla, L.	*					18. Mothe	er's Name	(First, Middle	a, Maiden Su	ımama)		
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2 sho	and Mantal Hygiena. s marked other than aumatic event, tre M		19a. Informant's Name/Ralationshi				ng Addrass (S							Zip Coc	da)
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24.0	2 8	edicai	(Check only 2 Medical Ex	aminar: On the ba	sis of axamination	on and/or Inv	astigation, In	my opi	nion, daat	th occurred	at tha tima,	data and pla	aca, and due	to tha	cause(s)
E il	dwo		29b. Signature and title of certifier			-	29c. L	icensa	number			29d. Deta s	signed (Mont	h. Dav.	Year)
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death **Physician** 100 tattie Orice 14 96 /Medical om 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Maryland Baltimore Baltimore Hospital niversity 01 If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number If Under 1 Year 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Birthplaca (Stata or Foraign Country) **Funeral** 219-30-6053 Months Days 1□ M 20 F Yrs. Director Usual Rasidance of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits "natural", or items 23a or 28a-f show Baltimore 1 1 Yas 2 □ No MD Director 10a. Straat and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours efter death with art of Heelih and Mentel Hygiene.
Int: If item 27 is marked other than "natural", or items 23a or ury or other transets event, the Menter transets event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event, the Menter transmitter event the Menter transmitter event, the Menter transmitter event the Menter transmitter event than the Menter transmitter event the Menter event transmitter event the Menter event transmitter event the Menter event transmitter event event transmitter even Stree 23 USA Funeral 21223 Therine Was Dacedent Evar in U,S. Armed Forcas? Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Never Marriad 2 Marriad Baltimore, Maryland 21215-0020 1□ Yas 2D No African by 3 Widowad 4 Divorcad American
16b. Kind of Businass/Industry Completed 16a. Dacedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Spacify only highast greda complated) Elamantary/Sacondary (0-12) Collega (1-4or 5+) Disabled NA 10 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Meiden Sumema) Be Baker James MC 19a. Informant's Name/Relationship (Typa, Print) Ms. Paulette Henry 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2006 Penrose Ave. /Daughter Balto. MD 21223 20b. Place of Disposition (Name of camatery, cramatory or other place) 20a. Mathge of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Ramoval from Stata Depertment of Important: If any injury or Randalls town, MD 4 ☐ Donation 5 ☐ Other (Specify) Memorial 11/20/96 Hack 21. Signatora of Funerel Servica Licensee 227 Nama and Addrass of Facility Funeral Joseph 6222 RUSS North Ave. 1h 23a. Pan1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in deeth) 1 /2 yrs. Breast **Examiner** or Attending Physician: The law requires that the death certificate be executed use es the buriel-transit Sequantially list conditions, if any, leading to immadiate causa. Enter Undarlying Ceusa (Disaasa or Injury that initiated avants rasulting in death) Last end Dua to (or as a consequanca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. director, page 2 should be deteched 23b. Did tobacco use contribute to the cause of death? signed by the 1 Vee No 3 Probably 4 Unknown Renal Be Completed by 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Wes en eutopsy performed? peed hes this certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was casa raferred to medical 26. Place of Deeth (Check only ona) 2 No exeminar' Hospital: inpatiant Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yes nours efter death.

neral Director: After this or filled in by the funeral directorial dir 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) Medical Certification: 27. Mannar of Deeth 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural
2 Accident 5 Panding Investigation 1 ☐ Yas 2 ☐ No 3 ☐ Suicida 6 Could not be detarmined 28a. Placa of Injury - At home, farm, straat, factory, offica building, atc. (Spacify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital o within 24 hours ef To the Funeral Di completely filled in Certifying Phyelcian: To the best of my knowledge, death occurred at the time, deta and place, and due to the causa(s) and menner as stated.

2 Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the causa(s) and menner stated. 29a. Cartifier 29b. Signeture end titla of certifier 29c. Licansa number 29d. Data signad (Month, Day, Year) 30. Nama and eddress of person who complated cause of deeth (Itam 23a) (Type, Print) BALTIMORE, MARYLAND 21701 S. GREENE ST 31. Data filed (Month, Day, Yaar) 22. Registrar's Signatura State

Registrar

I NOV 18 1996

Box 68760 P.O. Records. of Vital Division

> State Registrar

31. Dete filed (Month, Dey, Yeer) NOV 18 1996

29b. Signeture and title of certified

1) Mulle

Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

29c. Licansa number

O.C.M.E

29d. Date signed (Month, Dev. Yeer) NOV. 11, 1996

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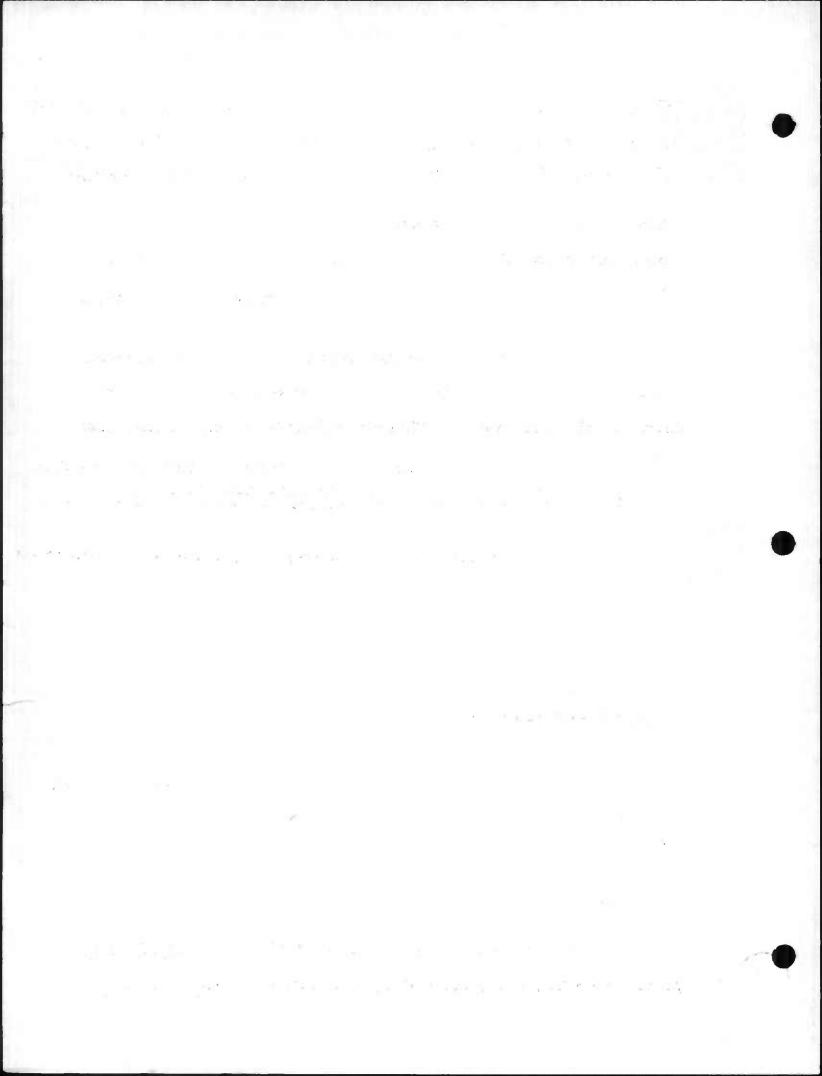
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 10:40 PM JOSEPH Garcia

4e. Facility Neme (# not institution, give street end number) /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Franklin Baltimore Baltimore (0. Meridian Woods If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Yeer 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** Months Deys 64 1 M 2 □ F 213-28-8946 Yrs Director 05/02/32 Maryland Usuei Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. inside City Limits f is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at H⊋ Yes 2□ No Director Maryland Baltimore NA 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? South Tolna Street 632 21224 U.S.A. Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? Reca - American Indien, Bleck, White, etc. 72 hours after 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Baltimore, Maryland 21215-0020 Specify: Spain 1 Yes 2 No Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hyglena. Elementery/Secondary (0-12) College (1-4or 5+) 4 NA Painters Helper Bethelem Steel permit. Pages 1 and 2 should be fit.
Department of Health and Mental Hy
Important: If Nem 27 is marked othe
any Injury or other the 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 Joseph Garcia Candelaria 19e. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Garcia Windemere Parkway 50 Phonix, Maryland 21131 (Brother) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Oak Lawn November 16 | East Point, Maryland 22. Name and Address of Facility W. Dabrowski/Chojnacki F.H. P.A. 1005 Dundalk Ave. Baltimore, Maryland 21224 23a. Fort. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause or each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Finei disease or condition resulting in death) /Medical CIRRHOSIS PRIMARY BILIARY UNKNOWN Examiner Due to (or es a consequence of) Examiner cartificate be axecuted physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequenca of): 88 usa Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HYPERTENSION þ 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed Deed has page 2 1 ☐ Yes 2 No cartificate 1 ☐ Yes or Attending Physician: 25. Wes cese referred to medicei exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Vursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No this 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? Aftar 1 Neturel 2 Accident 5 Pending death. 1 ☐ Yes 2 ☐ No investigation Director: / 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) aftar 4 Homicide hin 24 hours aft the Funeral Di nplately filled in Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.
2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner steted. 29e. Certifier Medical (Check only one) To the I within 2 To the I complet 29c. License number 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) M.D D4000 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) FRANKLIN PR BALTIMORE, MD, 2123 9105 SQUARE State 18 1996

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Q 6 21.1.28

					Certi	ficate of	Death		Reg. No.	00	04420
Physici	ian	Decedant's Name (First, Middla, Las						2. Deta of D	Dev	Yeer	3. Time of Deeth
/Medic		Nancy J. Gi	bson					Nov.	15, 1	99 ⁶	10:00pi
Examir		4a. Facility Neme (If not institution, give	street and number)				4b. City, Town, or	Location of Dee	th 4c. Cou	nty of Deeth	
		3464 McShane V	Vay				Dundal			altimo	ore
Funeral Director		5. Social Security Number 6. Social Security Number 6. Social Security Number 1		e (In yrs. lest b		If Undar 1 Year Months Deys	If Undar 24 Hrs Hours Min	8. Dete of Bi (Month D March	31 Year 193	9. Birthple Countr Vir	ece (Stata or Forei
p.	1	Usuel Residence of Decedent									
f ahow	ō	Md. Baltimo	ore	10c. City, To		tion				10	d. Inside City Limi
the the	00	10e, Street end Number				106 7in Code			40+ ON	of Whet Countr	
23a or	Funeral Director	3464 McShane V	Vay			10f. Zip Code	21222		US US		ry r
permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow yill injury or other traumatic event, it a Medical Examinar must be motified at once.	b	11. Maritel Stetus 1 ☐ Navar Married 2\(\overline{\text{M}}\) Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedent Armed Forces? 1 ☐ Yes 2€ If Yes, Give Yaer or Detes:			s Decedent of I as, specify Cub Yes 200 No	Hispanic Origin? (S an, Mexican, Puar Specify:	Specify Yes or Note Rican, atc.)		Rece - America Black, White, e cifyWhite	tc.
2 should be filed within 72 hours and Mental Hygiene. Is marked other than "natural", aumatic event, the Medical Exa	Completed	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16	a. Decedar (Give kir	nt's Usual Occup and of work dona	pation during most of wo d)	rking	16b. Kind o	Business/Indu	ustry
ithin	ldu	Elementery/Secondary (0-12)	College (1-4or	5+)			d)				
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and and same		19e. Informent's Name/Ralationship (7	ype, Print)	19	b. Meiling	Address (Street	end Number or R	ural Route Numb	ber, City or To	vn, Stete, Zip (Code)
alth 27 er tr		Patricia A. (Connors				ne Way	Dundal	k Md.	21222	2
Item St. He		20e. Method of Disposition		20b. Piece	of Dispositi	on (Neme of lory or other ple	ce)	Data	20c. Location	on - City or Tow	vn, Stete
t. Page rtment c rtant: If njury or		1 ☑ Burlel 2 ☐ Cremetlon 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify)	Oak	Lawn	Cem.		1-18	Balt	imore	
Departimbor any ir		21. Signeture of Funaral Service Licent	2A				lss of Facility Lly Fune Sollers				alk
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that the death cer ed by the attendir detached for use	Physician/	Pert II. Other significant conditions co	utupating to death b	ut not resulting	in the unda	anying cause gr	ven in Pert I.		Yee 2□N		the cause of deat ably 4□ Unkno
requires been sign should be	Completed by								s an autopsy ormed?	aval	re autopsy findings lable prior to apletion of cause eath?
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ician: Th certificate rector, pa	Be	25. Wes case referred to medical					28. Place of De	eth (Check only	one)		
Physician: this certific ral director,	ToE	exeminer?	Hospital:	nt 2 ER/O	utpetient	3 DOA Ott	nor:	loma 5⊠Ras		Other (Specify)	
the state		27. Mannar of Deeth	28a. Data of Inju (Month, De		Tima of	28c. Inju		28d. Dascribe	-		
th. After a funer	tio	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, De	y Year)	Injury		rk? Yes 2 □ No				
Fe The Hospital or Attanding is within 24 hours after death. To the Funeral Director: After completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in the funera	Certification:	3 Sulcide 6 Could not be 4 Homicida dataminad	28e. Place of Injuding, ele	ury - At home, f c. (Specify)	erm, straat	, factory, office		28f. Location (City or To	(Street and Nu wn, Stete)	mber or Rural	Route Number,
Terthe Hospital within 24 hours of To the Funeral completely filled	edical C	29a. Certifier (Check only one) 29a Certifying Phy 2 Medical Exam	sician: To the best of	exeminetion a	a, daath oo nd/or inves	curred et the the	ma, dete end place	, end due to the urred et the time,	cause(s) end , date end pled	menner es ste	ited. tha cause(s)
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1 3 5 8		Social and the of certifier							f I), #	ned (Month, D	oy, rodij
'		Ja. li	in cell			D19	717		11/13/	16	
		30. Nema and address of person who c		eeth (Item 23e)	(Type, Pri	nt)	Jen- Al	/e /	BALTIMA	se Ma	1 21224
		31. Date filed (Month, Dey, Year)	160	er's Signatur		,			10/1/10	, , , ,	300-0-00-00

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State of Maryland / Department of Health and Mental Hygiene 96 34429

						Cer	tificate	e of	Death		Reg. No.		
			1. Decedent's Neme (First, Middle, La	ast)			_			2. Dete of De	eth		3. Time of Death
	Physici /Medi		William Leonar	d	Hobbs					Month Novembe	r 10	Yeer L996	8:30 a.m.
)	Exami		4e. Facility Neme (If not institution, given	ve street end number)					4b. City, Town, or L			y of Death	1 0100 41111
			Stella Maris Nu	rsing Home					Towson,	MD	Balti	imore	
	Funeral Director		The state of the s	Sex 7. Age 1 □ XM 2 □ F	(In yrs. lest bii . 89		If Under Months	1 Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bird (Month, De Nov. 12	y, Year)	9. Birthp Court Mary	
	land ow		10a. Stete 10b. County		10c. City, Tow	n or Loc	cation					1	0d. Inside City Limits
	Mary High	jo	Maryland Baltimo	ore	Towson	n							1□ Yes 2√2 No
	r 28s	Je C	10e. Streat end Number	STC .	10%301		10f. Zip	Code			10g. Citizen of	Whet Cour	ntry?
	N with	DE	2300 Dulaney Val	ley Road				2	1204			S.A.	
21215-0020	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hyglena. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show any futury or other traumatic event, the Medical Evarance must be notified at once.	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E- Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		lf	Ves Decede Yes, speci	ify Cub	lispanic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	Ble	ce - Americ eck, White,	etc.
2	72 hc	Completed	15. Decedent's E (Specify only highest gro	ducation	16a.	Deced	ent's Usue	Occup	eation during most of work	kina	16b. Kind of I	Business/Inc	dustry
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7	ygian ygian r, th	ပ္ပ	12	0		Con	ducto	r			Rail:		
Maryland	d of H	Be	17. Father's Name (First, Middle, Last	,					18. Mother's Nem	ne (First, Middle,	Meiden Sume	me)	
Xa	Men Men Brke	ပို	George Frederick	Hobbs					Emma Al:	ice Walt	er		
Jar	2 sh and is m		19e. Informent's Neme/Reletionship (Type, Print)	19b	. Mailin	g Address	(Street	and Number or Ru	ral Route Numbe	er, City or Town	n, Stete, Zip	Code)
6	and faalth		Valery Newman-Dai	ighter	20	08 L	eroy	Ave	nue-Darie				
Baltimore,	. Pagas I Imant of H Lant: If ite [ury or ot		20e. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special	(y)	20b. Piece of cemete.	ry, crem	etory or of	her ple	ce)	Dete	20c. Location	- City or To	wn, Stete
Ball	Departition of the second seco		21. Signeture of Funeral Service Licar Royald S V		tor	St	ate A	nat	ss of Fecility Omy Board Maryland			nore S	Street
)	Physician /Medical		Part1. Enter the disease, or complete, or heert feilure. List only	plications that caused to one ceuse on eech line	he deeth. Do	not ente	or the mode	of dyir	ng, such es cardiec	or respiretory a	rrest,		Approximete Interval Between Onset end Death
	Examiner		diseese or condition resulting in death)	a. Pulmonar	-							i	
		ē			ue to (or as e								
	aath cartificata be axecuted attanding physician and for usa as the burial-transit	edical Examiner	Sequentially list conditions		ue to (or es a			ovas	scular Di	sease		- 1	
oʻ	axec an an rial-tr	EX	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		30 to (0. 00 a t	oo looqi	201100 017.						
68760,	ysicia bu	Cal	Ceuse (Diseese or Injury thet initiated events	c	ue to (or es e o	consequ	ienca of):						
89	tifica ng ph as tt	Med	resulting in deeth) Lest		() ()								
0	andin r usa	an/M		d									
B	that the death ce	Physician	Part II. Other significant conditions of	contributing to death but	not resulting in	n the un	dertvina ca	use aiv	en In Pert I.	23b. Did 1	obacco use c	ontributa to	the cause of death?
o O	at tha by th	h.											bably 4 🖾 Unknown
	as tha igned be de	by											
Records,	sw requires been s	Completed									an eutopsy rmed?	eve	ere eutopsy findings eileble prior to mpletion of cause deeth?
	8 - 8	PO.								101	res 2⊠ No	1	Yes 2□ No
<u>ra</u>	ysician: Th s cartificata director, pa	Be	25. Wes case referred to medical exeminer?						26. Place of Dee	th (Check only o	ne)	1	
of Vital	5 00	2	1 ☐ Yes 2 ◯XNo	Hospitel: 1 ☐ Inpatient	2 ☐ ER/Ou	itpatient	3 DO	A Oth	er: 4 🖾 Nursing He	ome 5 Resid	dence 8 🗆 Ot	her (Specify	y)
	After After		27. Menner of Death 1 XNeturei 5 Pending 2 Accident Investigation			Time of njury	M 28	c. Injur Wor 1 🗆	yet k? Yes 2 □ No	28d. Describe	now injury occu	rred	
	무류는	Certification:	3 Suicide 6 Could not b determined	28e. Piece of Injury building, etc.	y - At home, fa (Specify)	rm, stre	et, fectory,	office		28f. Location (S City or Tox		ber or Rura	il Route Number,
	To the Hospital	odical (29a. Certifier (Check only one)	ysician: To the best of niner: On the basis of e end menner stete	xamination and	, deeth d/or Inve	occurred e estigetion,	t the tin	ne, dete end plece, pinion, deeth occur	and due to the cred et the time,	ceuse(s) end m date and piece	anner as st , end due to	eted. the cause(s)
	CF	١	29b. Signature and title of printing	heals u	20				9 number 155 84		29d. Dete sign		
	(-)	/	30. Neme and eddress of person who	completed cause of dee	th (item 23e) ((Type, F	Print)						
			Eddie Nakhuda, M					ad,	Towson,	MD 212	04		
			31 Date filed (Month Day Year)	a Benistror									

DHMH 16 Ray 6/95

Registrar

NOV 1 8 1996

State of Maryland / Department of Health and Mental Hygiene

34430 Certificate of Death

4b. City, Town, or Location of Death

HYATTSVILLE

If Under 24 Hrs.

0
Physician
/Medical
Examiner

Althea Humphries

2. Dete of Deeth Month O

12-7-41

Birthplace (State or Foreign Country)

10d. Inside City Limits 10 Yes 2□No

WASH, DC

2,40 am

Funeral

Director with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Haelth and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examener must be notified at

Maryland 21215-0020

Baltimore,

Physician /Medical **Examiner**

The law requires that the death certificate be executed for usa es tha burial-trac Division of Vital Records, P.O. Box 68760, or Attending Physician: Aftar this within 24 hours after death.

To the Funeral Director: Air complately filled in by the fu

Be Completed by 12 2 Physician/Medical Examiner by Completed Be Certification: To 27. Menner of Deeth 2 Accident 3 Suicide 4 Homicide

10e. Stete MD **Funeral Director** 10e. Street end Number 6500 11. Maritel Status Immediate Ceuse (Finel disease or condition resulting in deeth) 25. Wes case referred to medical exeminer? 1 ☐ Yes 2N No

20e. Method of Disposition Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest

1. Decedent's Name (First, Middle, Last) WLIG 7 4e. Fecility Name (If not institution, give street end number) HYATTSVILLE HEALTH CARE CENTER 6. Sex 7. Age (In yrs. last birthday) 1 ☐ M 2 🔀 F Months 579-54-0107 Usual Residence of Decedent 10b. County 10c. City, Town or Location PG HYATTSVILLE 10f. Zip Code RIGGS RUAID 20783 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 1 Never Married 2 Married 3 ☐ Widowed 4 ➡ Divorced eer or Detes: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 0 Secretary 17. Fether's Name (First, Middle, Last) Joseph Derrell 19e. Informent's Neme/Reletionship (Type, Print) Paula Humphries-Daughter
Oe. Method of Disposition in 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 4 □ Donetion 5 □ Other (Specify) State rem. 21. Signature of Funeral Service Licensee Ronald S. Wade, Director Wales

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No Specify:

16b. Kind of Business/Industry
University of the District of Columbia

14. Race - American Indien, Bieck, White, etc.

Black

4c. County of Deeth

10g. Citizen of Whet Country?

USA

18. Mother's Name (First, Middle, Maiden Surname) Gladys A. Derrell

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

200 Rhode Island Ave.N.E.-Washington, D.C. 20 Dete 200 Location - City or Town, Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)

> 22. Neme end Address of Fecility
> State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 Approximete

23a Pint . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, nock, or heer failure. List only one cause on each line.

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 1 ☐ Yes 2 ☐ No

Intervel Between Onset end Deeth

26. Plece of Deeth (Check only one) Other: 45 Nursing Home

5 ☐ Residence 6 ☐ Other (Specify)

28d. Describe how Injury occurred

28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 1 Yes 28f. Locetion (Street end Number or Rural Route Number, City or Town, State)

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Inpatient 2 ER/Outpetient 3 DOA

28b. Time of

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner stated.

29b. Signeture end title of certifier

5 Pending Investigation

6 Could not be determined

29c. License number

29d. Date signed (Month, Dey, Year)

30. Neme end eddress of person who con eted cause of deeth (Item 23a) (Type, Print)

MAIN Street, LAUREL, MARYLAND 20707 D. SKIPWOTTh mo 31. Dete filed (Month, Dey, Year)

State NOV 18 1996 Registrar

29a. Certifier

(Check only

Medicai

the Hospitai

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to the country and the second second second second

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				State of	Marylan		tificate of		Mental Hy	Reg. No.	96 3	4431	
	Physici	an	1. Decedent's Neme (First, Middle, Last)							2. Dete of Deeth Month Dey Yaer 3. Time of Death			
/Medical			Eliza										
ļ:	Examir	ner	4a. Fecility Neme (If not institution, gi					4b. City, Town, or					
C			Hamilton Center (If Under 1 Yaar	Balti If Undar 24 Hr		N/A			
	Funeral Director		5. Social Sacurity Number 6. 101-42-3329 Usuel Residence of Decedent	Sex 1□M 2X F	7. Aga (In yrs. 46	Yrs.	Months Deys		. (Month, Di	rth ay, Year) 4, 1950	9. Birthplace Country) New	(State or Foreign	
	dand a		10a. State 10b. County		10c. City	y, Town or Lo	cation				10d. lr	nside City Limits	
	Mer	to	Maryland N/A			Balti	more				Ď	Yas 2 No	
	h the	irec	10e. Street end Number				10f. Zip Code			10g. Citizan of	What Country?		
23a		ai [4321 Hamilton Avenue 21206							USA			
	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Examine Fruit be norfled at	by Funeral Director	11. Marital Status 1 XNever Married 2 Married 3 Widowed 4 Divorced	Armed For 1 Tyes If Yes, Give	2. Wes Decedent Ever in U,S. Armed Forcas? 1				Specify Yas or No- orto Rican, etc.) 14. Rece - American Ir Black, White, etc. Specify: Blac				
	be filed within 72 hours af Ital Hygiene. Id other than "natural", or event, the Medical Exami	Completed	15. Decedent's E (Specify only highast gr Elementery/Secondary (0-12)	ducation ade completed) College (1-	4or 5+)	16a. Deced (Giva	lent's Usuel Occu kind of work done OO NOT use retire	pation during most of wo	orking	16b. Kind of B	usiness/Industry	1	
1	od wit	20	12			Pres	ser			Dry Cleaning Industry			
3	tal Hygid	Be	17. Father's Neme (First, Middle, Las	•	18. Mothar's Na					, Maidan Sumar	ma)		
Maryland 21215-0020 d 2 should be filed within 72 hours aff lift end Mental thygiene. 7 la marked other than "natural", or traumatic event, the Medical Exami To Be Completed by F		P	James Hol	combe				0	livia 1	Moreno			
3			19e. Informent's Name/Reletionship					t and Number or F					
5	feal Fer		Tracy Haulcomb	e/daugi				ton Ave		timore,			
vermit. Pages 1 ar vermit. Pages 1 ar vermit of Hea mportant: If Item 2 iny injury or other ance.			20e. Mathod of Disposition 1 ☐ Burlel 2 ☐ Cremation 3 [tete	emetary, cran	sition (Name of natory or other pla		Data		- City or Town, S		
	rtmer rtant:		4 Donetion 5 Other (Speci	*	Met			Inc. 11/	15/96	Baltin	nore, MD)	
1	permit. Pages 'Depertment of H important: If ite any injury or ot		21. Signature of Funerel Service Lice	Dawn F.	McDona	ld C		Society rick Rd.					
	Physician /Medical Examiner		23a. Pert1. Enter the diseesa, or con shock, or heert feilure. List only Immediate Ceusa (Final diseasa or condition resulting in deeth)	one ceuse on ee	LBETE:	s M	ELLITU		ac or respiretory e	errest,	Inter	roximate rvel Between et end Death	
		ē			D00 10 (0	r es a conseq	uerica or):				1		
ĥ	the deeth certificete be executed y the ettending physician and iched for use as the buriet-trensit nysician/Medical Examir	Examiner	Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Ceuse (Disease or Injury	b. Due to (or as a consequence of):									
	cete be chysicia the bu	dicai	Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest	C. Due to (or as a consequence of):									
	eeth certific ettending p for use es	0 1	L	d									
es thet igned b be dete	Pert II. Other significant conditions	contributing to das	ith but not resu	uiting in the ur	ndertving cause gi	ven in Pert I.	23b. Did	tobacco use co	ontributa to the	cause of death			
								1 Yes 2 No 3 Probably 4 ∰ Únkno					
	Completed t								erformed? eveiled		utopsy findings e prior to tion of cause 1?		
	0 - 5	mo:							10	Yas 20 No	1 🗆 Yes	2 No	
		Be C	25. Wes case referred to madical exeminer?					26. Placa of Da	aath (Chack only	one)			
	1 Yas 2 No	Hospitei: 1 🗆 In	patient 2	ER/Outpetien	t 3 DOA Ot	Home 5 ☐ Res	ome 5 Residence 6 Other (Specify)						
	ling After fune	ation:	27. Manner of Deeth 1 Neturei 5 Pending 2 Accident invastigation	n	f Injury , <i>Day Year)</i>	28b. Time of injury	28c. Inju Wo M 1	28d. Dascribe	28d. Dascribe how injury occurred				
	D S S	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street building, etc. (Specify)					e 28f. Location (Street and Number or Rural Route Number, City or Town, State)					
)	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai (29e. Certifier 1 Certifying Pl (Check only one) 2 Medical Exa	nyalclan: To the bandiner: On the bandiner	sis of examinet	wledga, daath tion and/or inv	occurred at the ti restigation, in my	ma, data and pled opinion, daeth occ	e, and dua to tha curred et the tima,	ceusa(s) and m , data and place,	annar as steted. and dua to tha	cause(s)	
1	To the within 2 To the comple	Me	29b. Signature and title of certifier				29c. Licen			29d. Date signe	ed (Month, Day,	Year)	
			30. Nema and addrass of person who			23a) (Tune	DIG	6619		Noveml	ber 15	, 1996	
FV		te	C. VERGARA — 31. Datë filed (Month, Day, Year)	SOARES	contract (ISC)	y N. E	ROADIO	AY ST.	BALL	. MD . 2	7/231		

Registrar

NOV 18 1996

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State of Maryland / Department of Health and Mental Hygiene 96 34432

		. Decedent's Name (First, Mide	dle, Last)					e of			2. Date of De	Reg. No.		3. Time of	
Physician /Medical		CRI	Jup	1 12							Month	Pay	199		
wedicai kaminer		a. Facility Name (If not institution			ber)				4b. City, To	own, or Lo	cation of Deet	h 4c. C	ounty of D		
	П	Mercy Me	dica	l Con	tor				Ba	1+im	ore	N/			
neral	5	Social Security Number 215-14-8210	6. Sex		. Age (In yrs.	last birth	day) If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir Month, De Jun 2	th Y, Year)	9. 6 23 MD	Birthplace (Stete of Country)	
28a-f show notified at rector	_	Isual Residence of Decedent								1					
		0a. State 10b. Count	У				or Location							10d. Inside Cit	
	1	MD N/A			Ва	ltim	ore Cit	У						1 ☐ Yes	
iner must be notified Funeral Director	1	10e. Street and Number 10f. Zip Code 21230-								_	en of Whet				
Examiner mu		1. Marital Status 1 ☐ Never Merried 2 ☐ Ma 3 ऄ Widowed 4 ☐ Divorca	rried	2. Wes Deced Armed Forc 1 Yes 2 If Yes, Give Yeer or Date	es?		13. Was Deced If Yes, spec		lispanic Or an, Mexica Specify:		cify Yes or No Rican, etc.)	/ ()	Black, W		
r, the Medical J		15. Decedent's Education (Specify only highest grade comp Elementary/Secondary (0-12)			lor 5+)	16a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired) Deck Hand			t of worki	working 16b. I		b. Kind of Business/Industry hipping			
CO CO						De	CK Halla								
atic ever	Ď	7. Father's Name <i>(First, Middl</i> e Richard Jupi							18. Mother's Name Margaret		e (First, Middle, Maiden Sumeme) t Ebring		u <i>m</i> em <i>e)</i>		
Important: If item 27 is marked other than 'natural', or items 23e or 28s4 show any lolury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director	1	9a. Informent's Name/Relation Mr. Frederick			/Son		Mailing Address							, Zip Code)	
	20	Da. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (3 □Re	moval from St	ate	ametery,	isposition (Nam crematory or of Mount (her plac			Nov 21 1996		tion - City	or Town, Stete	
any inju	4 Donation 5 Other (Specify) Green Mount Cemetery 1996 Baltimore, 21. Signature Fundal Service Learner Charles L. Stevens Funeral Home, In 1501 E. Fort Avenue Baltimore, MD									Inc.					
	- 2	3a. Part1. Enter the disease, o shock, or heart failure. Lis	or complic	ations that cau	sed the deet	h. Do not								Approximate Interval Betw	
inertiansit inertiansit Examiner	d	nmediate Ceuse (Final isease or condition ssulting in death)	a.	Ruph	sostive	hoo	mmal nsequenca of): / Fail	arni	ysem.					max	
the bur	1 (1	equentially list conditions, any, leeding to immediate ause. Enter Undertying leuse (Disease or Injury let Initiated events soulting in death) Last	с.		mphon	ja	nsequence of):							lmonth	
8															
5 5 S	P	art II. Other significant conditi	ons contr	lbuting to deat	h but not resi	ulting In th	ne underlying ca	use div	en in Part I		23b. Did	tobacco us	e contribu	ta to the cause of	
A 40								•		Yee 2□ No 3□ Probably Unk					
y Physician/I															
A	-											an autopsy ormed?		Were autopsy fir available prior to completion of ca of death? Yes 2 1	
page 2 should be d		5. Was case referred to medica	18						28. Plece	of Deeth	perfo	rmed?		available prior to completion of ca of death?	
director, page 2 should be d		5. Was case referred to medica examiner? 1 □ Yes 22 No	1	spital: Î	atient 2	ER/Outpa	atient 3□ DO	Oth	OF:		perfo	Yes 20	No	available prior to completion of ca of death?	
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the funeral director, page 2 should be d cation: To Be Completed by	25	examiner? 1 Yes 2 No Nanner of Death Vatural 5 Pendii 2 Accident Investi 3 Suicide 6 Could determinent 4 Homicide Certifylir	ng igation not be nined	28a. Date of I (Month, 28e. Placa of building,	Injury Day Year) Injury - At ho, etc. (Specify est of my knows of examine	28b. Tim Inju	e of ry M M , street, factory,	ic. Injun Work 1 -	er: 4 Nu y at k? Yes 2 Nu	No 2	(Check only of the 5 Resk 8d. Describe In City or Town and due to the	Yes 2/0 one) denca 6 [how injury of the course of the cou	No Other (Spoccurred	available prior to completion of ca of death? 1 Yes 2 N Decity)	
al director, page 2 should be d	25	examiner? 1 Yes 2 No Manner of Death 1 Natural 5 Pendii 2 Accident 3 Suicide 6 Could 4 Homicide determ 2 Certifier Check only 2 Medicai	ng igation not be nined ng Physic Examina	28a. Date of I (Month, 28e. Placa of building,	Injury Day Year) Injury - At ho, etc. (Specify st of my knows of examined stated.	28b. Tim Inju ome, farm /) wledge, d ion and/o	eath occurred e r Investigation,	office	er: 4 Nu y at k? Yes 2 Nu ne, date an pinion, dea	No 2 d place, a	performance of the performance o	one) denca 6 [how injury of street and in nn, State) cause(s) ar date and pi 29d. Dete s	No Other (Specured Number or aca, and disigned (Mo	available prior to completion of ca of death? 1 Yes 2 N Decify) Rural Route Numb es steted. ue to the cause(s)	
pletely filled in by the tuneral director, page 2 should be dedical Certification: To Be Completed by	25 277 299 299	examiner?	ng igation not be nined ng Physic Examins	28a. Date of l (Month,) 28e. Placa of building, clan: To the basis and menner	Injury Day Year) Injury - At ho. etc. (Specify etc. (Specify etc.) ast of my knows of examinet stated.	28b. Tim Inju	eath occurred e r Investigation,	c. Injun Word 1 office office	er: 4 Nu Nu y at k? Yes 2 Dine, date an pinion, dea a number	No 2 d place, a	performance of the performance o	one) denca 6 [how injury of street and in nn, State) cause(s) ar date and pi 29d. Dete s	No Other (Spoccurred	available prior to completion of ca of death? 1 Yes 2 N Decify) Rural Route Numb es steted. ue to the cause(s)	

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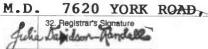
o Stylly

					Cei	tificate	of Health and of Death		Reg. No.	0 341	+33
Physicia	ın	Decedent's Name (First, Middle, L.	.ast)					2. Date of De Month	eeth Day	3. Tim	ne of Death
/Medica	-		HNSON						BER 10		8:50E
Examine	_	4a. Facility Name (If not institution, g	ive street end num	ber)			4b. City, Town,	or Location of Deat		y of Death	0.501
		SAINT JOSEPH M	EDICAL	CENT	ER		TOWSON.	MARYLAN	ID BAI	TIMORE	
Funeral Director			Sex 1 M 2 F	7. Age (In yrs 7 6	: lest birthdey) Yrs.	If Under 1 Months	Yeer If Under 24 F	frs. 8. Dale of Billin. JAN - 0	th 9v. Year) 15-1920	9. Birthplace (Ste S. CAR	ete or Foreign
		Usual Residence of Decedent									
r 28a-f show Inotified at	ctor	MD 10b. County	a	10c. C	BALT	calion IMORE					le City Limits ¥es 2□ No
0 X	al Director	6674 COLLIN	DALE RO	AD ap	ot. C	10f. Zip (21234		10g. Citizen of UNITE	What Country? D STAT	ES
E B	Funeral	11. Maritai Slalus	12. Wes Dece	dent Ever in	J,S. 13. V	Vas Decede	nt of Hispanic Origin? y Cuban, Mexican, Pu	(Specify Yes or No	o- 14. Ra	ce - American Indier	n,
Eran	þ	1 Never Married 2 Married 3 X Xvidowed 4 Divorced	Armed For 1 Yes 2 If Yes, Give Year or Da	2XIX0		Yes, specil		erto Rican, etc.)	Black, White, etc. Specify: BLACI		K
Bcal	ted	15. Decedent's I	Education		16a. Deced	ent's Usuel	Occupation		16b. Kind of B	usiness/Industry	
Med	Completed	(Specify only highest g Elementary/Secondary (0-12)	rede completed) College (1-	4or 5+)			done during most of v retired)	vorking			
F 2	5	8 th		1 '	NU	RSE'S	AIDE		MED	ICAL	
To D	To Be	17. Father's Name (First, Middle, Las JAMES MYE	•					lame <i>(First, Middle</i> OLA	, Malden Sumer	ne)	
27 is ma or trauma		19a. Informant's Name/Reletionship JOANN CH	(Type, Print) ARLES		19b. Mailin	g Address (Street end Number or KOSSUTH			, State, Zip Code) RE, MD 2	1229
e da		20a. Method of Disposition			Plece of Dispos cemetery, crem	sition (Neme	of er place)	Date		City or Town, Stete	
7 Of		1 □ Section 2 □ Cremetion 3 4 □ Donation 5 □ Other (Spec				MEMOR		K 11-1	6 RAN	DALLSTO	WN MD
Important: I any injury o once.	ŀ	21. Signature of Funeral Service Lice	ensee /				Address of Facility			0.1120101	
TES		1 Inlance	100	_			. MARCHE	H1101	F. N	ORTH A	VENUE
	\dashv	23a. Part1. Enter the disease, or cor	nolications that ca	used the dea						Approxi	
sician		23a. Part1. Enter the disease, or cor shock, or heart failure. List only	y one cause on ea	ch line.	an bonocome	i ino mode	or dying, such as card	iac or respiratory a	11031,	intervai	Between and Death
edical miner		Immediate Cause (Final disease or condition resulting in death)	. SEPSI	S							DAYS
	-				or es a conseq	uence of):					
nsit	5	2	b. ISCHE		COLIT						
buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or as e consequ	uence of):					
the burie	dicai	cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c								
the the	ğ	resulting in death) Lasi		Due lo (or as a consequ	ence of):					
for use es t	Physician/Me		ď								
by the att	SICI	Part II. Other significent conditions	contributing to dea	th but not res	sulting in the un	derlying cau	se given In Part I.	23b. Did	tobacco use co	ntribute to the cau	se of deeth?
detec		1) CHRONIC REN	AL FAT	LURE				10	Yes 2□ No	3 Probably	Unknow
8 1	6	,									
2 should	Сотріете	2) ARTERIOSCLER	OTIC CA	RDIO	/ASCUL	AR DI	SEASE		an aulopsy rmed?	24b. Were autop available pri completion of death?	or lo
rector, pege	100							10	Yes 2 No	1 □ Yes	2X No
0		25. Wes case referred to medical examiner?					26. Place of D	eath (Check only o	one)		
5	0	1 Yes 2 No	Hospital: 1X Ing	patient 2	ER/Outpatient	3□ DOA	Other:	Home 5 ☐ Resi		er (Specify)	1
ed in by the funeral		27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of (Month,		28b. Time of Injury	M 280	. Injury at Work? 1 ☐ Yes 2 ☐ No		how Injury occur		
eral Directo filled in by th		3 Suicide 4 Homlcide Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Run City or Town, Stete)								per or Rural Route N	Vum <i>ber</i> ,

State Registrar

FRANCIS KHOO, 31. Dale filed (Month, Dey, Year) NOV 1 8 1996

29b. Signeture end title of certifier



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

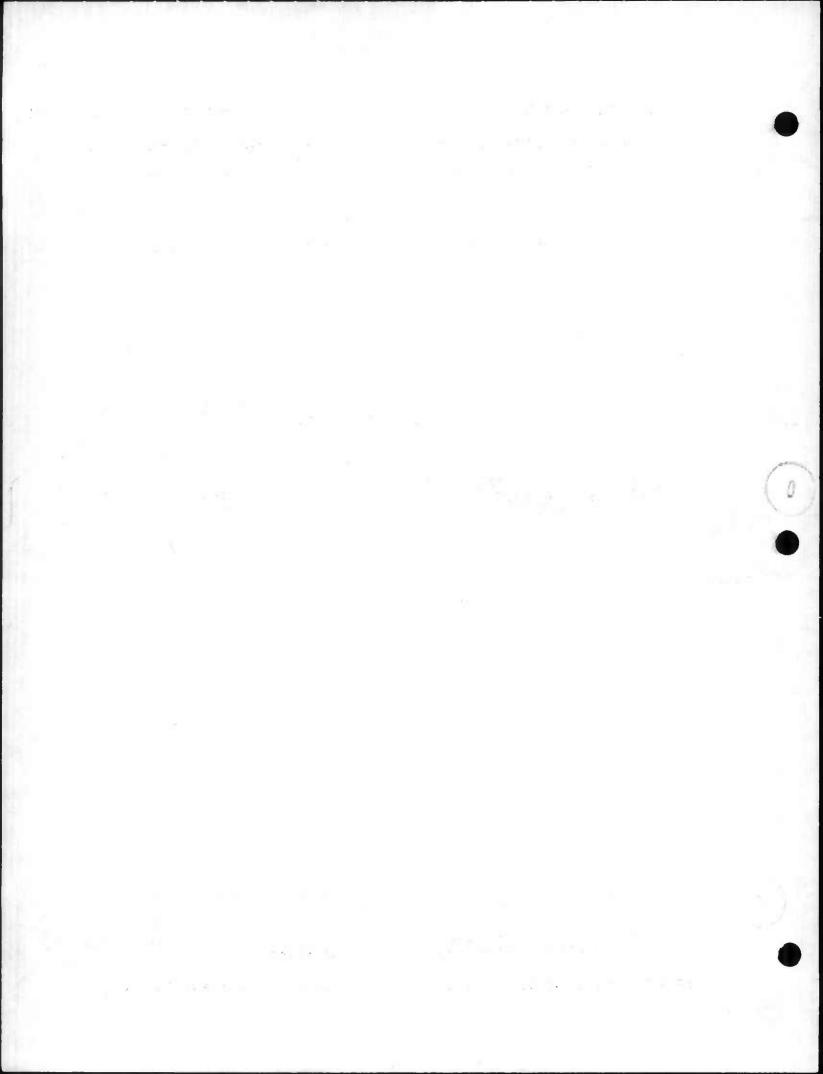
TOWSON, MARYLAND 21204

D 30263

29c. License number

29d. Dale signed (Month, Dey, Year)

-11-96



Items9,10g,15,16a,16b,19a 12-24-96 FilmG742 W.H.Per Informant Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

Physician	
/Medicai	
Examiner	

Funeral Director

Be Completed by Funeral Director

"natural", or items 23s or 25s-f show

mportant: If item 27 is marked other

10

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

To the Hospital or Attending Physician: The law requires thet the death certificete be executed

Division of Vital Records, P.O. Box 68760,

Medical Certification: To Be Completed by Physician/Medical Examiner illed in by the funeral director. within 24 hours efter deat To the Funeral Director:

1. Decedent's Nam							2. Dete of Deeth				3. Tim	f Death			
IRVI	N				KA	ATZO	FF			Month NOV .	12,	199	Yeer 96	9:05	
4e. Facility Neme ((If not institution	n, give street end nu	mber)					4b. City, To	own, or Le	ocation of Dea	th	4c. Count	y of Deeth		
		H MEDIC	AL CE	NTER					VSON		BALTIMORE			ORE	
5. Sociel Security N		6. Sex	7. Age (In yrs	s. last birth		if Under	1 Year Days	If Under Hours	r 24 Hrs. Min.	S. 8. Date of Birth 9. Bir (Month, Day, Yeer)			9. Birth	irthplece (State or Foreigi	
220-09-0	0308	1 G _X M 2□ F	84	0/ 115.							- Louis	Country) Russia			
Usuel Residence of	of Decedent									inug.i.z,			Luike	LOWII	
10a. State	10b. County		10c. C	10c. City, Town or Location									10d. Inside City Limit		
Maryland	Balt		Towson										1 🗆 Yes	2 € No	
10e. Street end Nu				10f. Zip	Code				10g.	Citizen of	Whet Cou	ntry?			
7700 Yor					21	.204				unkn	own	U.S.A			
11. Marital Status	edent Ever in	U,S.	13. Wa	s Decede	ent of H	ispenic Or	rigin? (Sp	ecify Yes or N Ricen, etc.)	0-		ce - Ameri	can Indien,			
1 Never Marr	ried 2 Marr	led 1 ☐ Yes If Yes, Gi	orces? unkı 2□No	IOWII						1110011, 010.7					
3 NWidowed	4 Divorced	Year or D			1	Yes 2	-Xivo	Specify.	•			Specif	y: Wh	ite	
(Sner	15. Deceden	's Education st grede completed)		16a. D	eceder	nt's Usuel	Occup	etion	ot of work	ina	16b	. Kind of B	Business/In	dustry	
Elementary/Seco		College (1-4or 5+)	7	life. DO	NOTuse	retired	during mos	St Of WORK	nig	Ber	ndix R	adio/A	llied S	ignal
unknown			nown	D. III. D. III.									3		
17. Father's Name	(First, Middle,	Lest)						18. Moth	er's Nem	e (First, Middle	, Meio				
unknow	vn								unl	known					
19e. Informent's N	ame/Reletions	hip (Type, Print)		19b. A	Mailing .	Address	(Street	end Numb	er or Aur	al Route Numb	er, Cit	y or Town	, Stete, Zip	Code)	
Robert 1	ecker/	Nephew		30	41 1	More:	land	l Ave	nue-l	Baltimo	re,	Mar	yland	2123	34
	Cremetion	in ₃□Removelfrom pecify)State	Stete	Piace of Di cemetery,	Dispositi creme	ion (Nem tory or ott	e of her plea	e)		Date	20c	Location	- City or To	own, State	
21. Signature of Fu			I CM.		22 N	Jame end	Addre	ss of Fecili	ity						
	Ronald		Directo	or	St	ate /	Anat	omy	Boar	d-655 W	7. I	Balti	more	Street	Ė
Jana Car	11/1	Marce	_		Ba	ltim	ore.	Mar	yland	1 212		-1559			
23a Part1. Enter t	he diseese, or ort feilure. List	complications that conly one ceuse on e	aused the dea each line.	th. Do no	t enter	the mode	of dyin	g, such as	cardiec	or respiratory a	rrest,		1	Approximet tnterval Bet Onset end	ween
Immediete Cause	(Finel												1		
diseese or condition resulting in death)	n	e. SEP	CIC SH	IOCK										4 DAY	S
			Due to	(or as e co	nseque	nce of):									
		b													
Sequentially list co if any, leeding to in	nditions,		Due to (or as a co	nseque	nce of):									
cause. Enter Unde Ceuse (Diseese or	erivina														
thet initieted events resulting in deeth) i	3	G	Due to (or es e cor	nseque	nce of):									
		d													

Part II. Other significant conditions of	ontributing to death but not re-	sulting In the underlyin	ng ceuse	given In Pert I.		23b. Did tobacco use o	contribute to the cause of death
					_	24a. Wes an autopsy performed?	24b. Were autopsy findings evelleble prior to completion of ceuse of deeth?
						1 ☐ Yes 2 🎇 No	1 ☐ Yes X☐ No
25. Was cese referred to medical			Deeth (C	Check only one)			
examiner? 1 ☐ Yes 25 No	Hospitel: 1 ☑ Inpatient 2 □	☐ ER/Outpetient 3☐	DOA C	ther: 4 \sum Nursing	g Home	5 ☐ Residence 6 ☐ O	ther (Specify)
27. Manner of Death 1 X Netural 5 ☐ Pending 2 ☐ Accident investigetion	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury M		ury et ork? □ Yes 2 □ No	280	l. Describe how injury occi	urred
3 ☐ Suicide 6 ☐ Could not be determined		nome, ferm, street, fec	28f.	28f. Location (Street and Number or Rural Route Number, City or Town, State)			

29a. Certifler

NOV 1 8 1996

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piace, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and menner steted. 29c. License number 29d. Dete signed (Month, Dey, Year)

\$19508

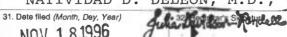
29b. Signeture end title of certifier D. de Sean,

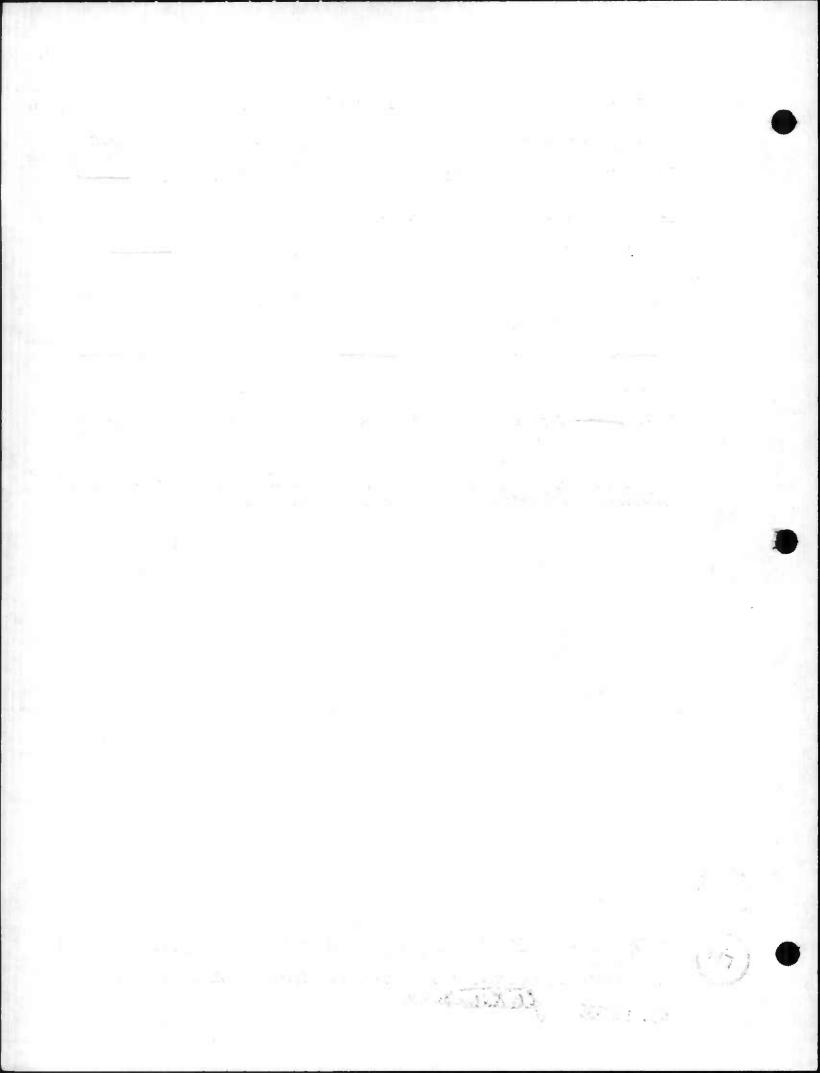
12th non. 1996

30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)

NATIVIDAD D. DELEON, M.D., 7620 YORK ROAD, TOWSON, MD. 21204

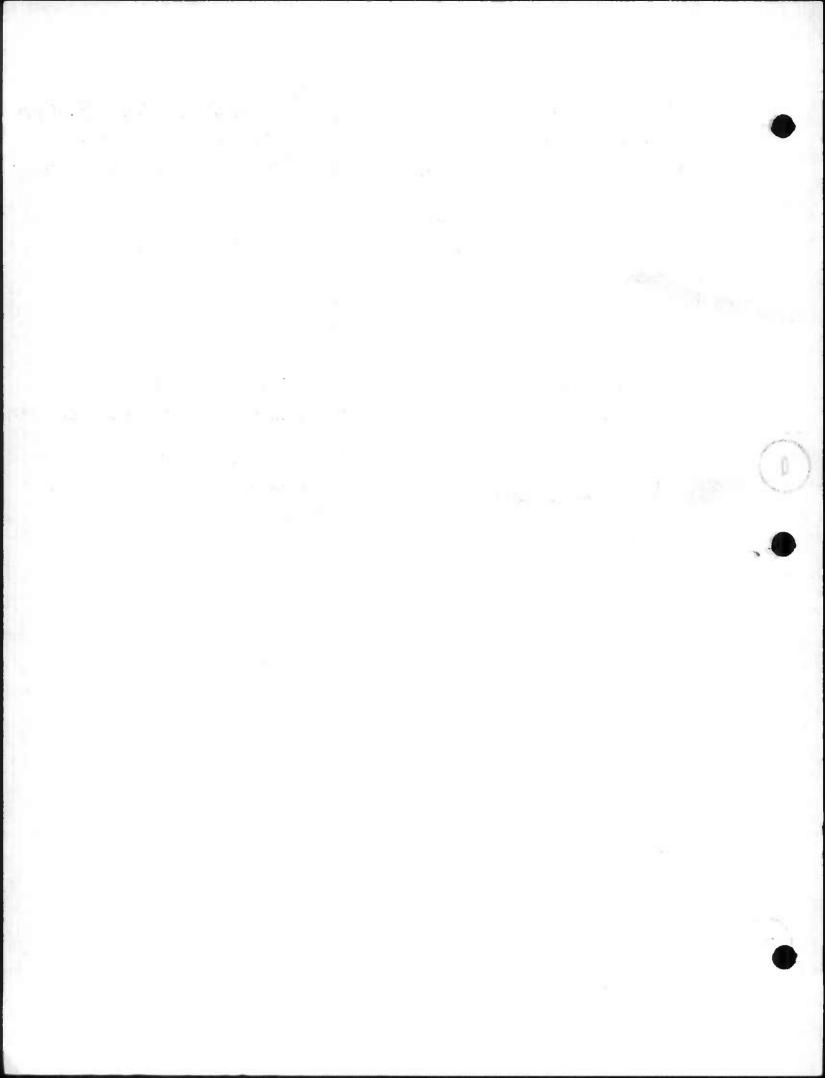
State Registrar





State of Maryland / Department of Health and Mental Hygiene 96

				Ce	rtificate of	f Death		Reg. No.		
Physiciai	n	Decedent's Neme (First, Middla, Li TRULY Id. Interpretation Interpreta	,	KNIGHT			2. Dete of Dee	Dey 10	Year	3. Tima of Death
/Medica Examine	al -	TRULY W 4a. Fecility Neme (If not Institution, gi				4b. City, Town, or I	ocation of Daath	13, 199 4c. County	of Deeth	5:30pm
LXamme		MERCY HOSPI				BALTI			n	/ a
Funeral Director			Sex 7. A 1□M 2□ F	ge (In yrs. lest birthday) 80 Yrs.	If Undar 1 Yea Months Day		8. Date of Birt	1 ^r 2 ^{ar)} 191	9. Birthple 6 BAL	ece <i>(Stete or Foraig</i> n TIMORE, MI
yland M M		10a. Stete 10b. County		10c. City, Town or Lo	cation				10	d. Insida City Limits
or 28s-f show	cto	MD n	/ a	BALTIM	IORE					∜Q(Yes 2□No
	al Director	10e. Street and Number 2 0 2 1 E . 3 0	th STRE	ET	10f. Zip Code	212	218	199 Citizen of W	Thet Country	X'TES
items flems flems	Funeral	11. Marital Status	12. Wes Decedant Armed Forces	Evar in U,S. 13.	Wes Decedent of If Yes, specify Cu	Hispanic Origin? (S ben, Maxican, Puart	pecify Yas or No- o Rican, atc.)	14. Race Bled	- Amarica k, Whita, a	
	Dy L	1 Nevar Married 2 Warried 3 Widowed 4 Divorced	1 ☑ Yes 2 ☐ If Yes, Giva Yaar or Detes:		1⊡ Yes 2⊠ Mo	o Specify:		Specify	В	LACK
72 ho naturi dical J	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a Dece	dent's Usuel Occi	upetion e durina most of wor	kina	16b. Kind of Bu	siness/Indu	ustry
Jone. r than The Me	Completed	Elementery/Secondary (0-12)	College (1-4or		DO NOT use retii FERS	e during most of wor red)		LOCA	L #	30
ontal h	lo Be C	17. Fether's Neme (First, Middle, Las. CHARLES S.	KNIGHT	-		18. Mother's Nam FLOF	ne (First, Middle, RENCE		e) RNEY	
ind 2 and alth and 3 27 is ma ir treums		19a. Informent's Neme/Relationship ELNORAS.	(Type, Print) KNIGHT	19b. Mailin 2 (ng Address <i>(Stre</i>) 21 E .	30 th	TREET,	BALTI	MORE MORE	, MD #18
of Ham of Ham or othe		20e. Method of Disposition X ⊠ Buriel 2 ☐ Cremation 3 €	Removel from State		metory or other p	lece)	Dete	20c. Location -		
riant:		4 ☐ Donetion 5 ☐ Other (Speci	fy)	GARRIS		REST VA	CEM. 1	1-18-9	6 OW	INGS MILI
Department of the control of the con		21. Signeture of Funaral Sarvice Lice	nsea	22	Neme and Add WM. C.	rass of Facility MARCHFI	41101	E. NO	RTH	AVENUE
		23a. Pert1. Enter the disaasa, or con shock, or heert feilure. List only	pplications thet cause one cause on each	od tha death. Do not ent line.	er the moda of d	ying, such es cardiac	or respiretory ar	rest,		Approximate Interval Between
Physician ≰Medical		Immediate Ceuse (Finel	44-		Ranna	NYE C				Onset and Deeth
xaminer		diseasa or condition resulting in death)	a	Due to (or as a consec		no co	woen		- 6	ONKNOUN
is is	lue		b. —————	N 1957 . 1157 . 1555						
ding physician and se as tha burial-transi	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		Due to (or es e consec	juence of):					
hysicia tha bu	Medical	Ceuse (Diseese or Injury that initiated events resulting in deeth) Last	C	Due to (or es e conseq	uence of):		_			
			d							
the attar hed for u	by Physician	Part II. Other significant conditions	contributing to death I	but not resulting in the u	nderlying cause (given in Part I.	23b. Dld t	obacco usa con	tribute to	the cause of death?
detache		Congostrie Hes	art Faile	ure Coru	any 1	2 King	10	Yes 2 No	3 ☐ Probe	ably 4 Unknown
	Completed by	Congressie Her Disease, Gr	t bleed	,				an eutopsy rmed?	24b. Wer avai	re autopsy findings ilable prior to ipletion of cause eath?
The lay page 2	E						101	es 20⊠No		Yas 2□ No
開 単 名		25. Wes case referred to medical exeminer?					th (Check only o	ne)STELLA		S AT MERCY
8 P	2	1 ☐ Yes 2 ☑ No 27. Menner of Death		ient 2 ER/Outpatier		ther: 4 Nursing H				HOSPICE
oding i		1 Netural 5 Pending 2 Accident investigation	28e. Date of Inj (Month, Da	ay Year) 286. Tima o	W	ork? ☐ Yes 2 ☐ No	280. Describe r	now injury occurre	ed	
or Attact after dea Director (in by th		3 Suicide 6 Could not be determined	28e. Piece of in	jury - At home, farm, str ic. (Specify)	eet, factory, office	9	28f. Location (S City or Tox	Street and Numbern, Stete)	er or Rural	Route Number,
n 24 hours ne Funeral pistely filled		29a. Certifler (Check only one) (Check only one) (Check only one)	nysician: To the best miner: On the basis of end manner si	of my knowledge, deetr of examinetion end/or in-	n occurred et the restigation, in my	time, date end plece opinion, deeth occu	, end due to the orred et the time,	cause(s) end med dete end place, a	nnar es sta and due to t	ited. the cause(s)
weight comp		29b. Signature end title of certifier			29c. Lica	nse number		29d. Dete signed		
E.		37.	Down	New York	D	40480		Norsa	see	14, 1996
10		30. Neme and eddress of person who	property and the same of the s	deeth (Item 23e) (Type,	Print) 58	40480 10 BEZA	21206			
State		31. Dete filed (Month, Day, Year)		rer's Signatura		0.0, -0				
Registra	r	NOV 1 8 1996	gula word	son-pandelle						



State of Maryland / Department of Health and Mental Hygiene

34436 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month EDWARD KICAS 17:36 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth Examiner 4c. County of Death Baltimore VA Medical Center Baltimore N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth 10/18/1925 **Funeral** 9. Birthplace (State or Foreign Months Days Min. 1 M 2 □ F Hours 219-12-7000 71 Yrs. Director Maryland Usuat Rasidance of Decedant death with the Marylend 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at 10d. Inside City Limits Maryland N/A Funeral Director Baltimore 1 X Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3623 Ednor Road 21218 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No 43/45 t Yas, Give Year or Dates: Was Decedent of Hispanto Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Be Completed by Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Warehouseman Manufacturing 6 0 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Vincent Kicas Mere Vaitrevicute 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Ruth V. Kicas Wife 3623 Ednor Road Baltimore, Maryland 21218 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Locetlon - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovat from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore National Cem 11/18 Baltimore, Maryland 22. Name end Address of Fecility David J. Weber Funeral Home 21. Signature of Funerat Service Ligenses 5311 Edmondson Ave. Baltimore, Md 21229 23a. Part1. Entar the disaase, of complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failura. List only one cause on each line. **Physician** /Medical Immediate Cause (Final CARDIAC ARREST disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner use as the buriel-transit Sequentially list conditions, if any, leading to Immediata cause. Entar Underlying Cause (Disease or injury that initiated avants resulting in daath) Last pue Due to (or es a consequence of): or Attending Physician: The law requires that the death certificate be exec Division of Vital Records, P.O. Box 68760, signed by the ettending physician d be deteched for use as the bune failure Physician/Medical Due to (or as e consequenca of) Kespirahry tailure Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic atrial brillation Concestin Kent tailu þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? hypothyroidum Coronary Artery di sease 1 Yes 2 No 1 Yes Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Appatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No After this 27. Manner of Deeth 28c. Injury et Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation r death. 1 ☐ Yes 2 ☐ No 2 Accident after death 6 Could not be datermined 3 ☐ Sulcide 6 Ptace of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide fhin 24 hours at the Funeral D tscritifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and menner stated. Medical (Check only one) 29b. Signature and 8 29c. License number 29d. Date signed (Month, Day, Year) MO 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Jason Birnbaum, M.D. 10 N. Greene St. Baltimore, Maryland 21201 32/Registrars Signature 31. Date filed (Month, Day, Year) State NOV 18 1996 Registrar

DHMH 16 Rev 6/95

the first state of the

		Decedent's Name (First, Middle,	I net)		Certific	cate of	Death		leg. No.	1	34431	
Physic	ian				T w			2. Date of Dee Month	Dey	Yeer	3. Time of Deeth	
/Medi	cal	William		ELLER	Jr.		4 0 7	Novembe:			6:15 P.M	
Exami	ner	4e. Fecility Neme (If not institution,						Location of Deeth	4c. County of Deeth			
	-	Franklin Square 5. Social Security Number		enter e <i>(In yrs. l</i> es	t hirthday) If U	Inder 1 Year	Rossy	9 Date of Birth	Baltimore			
Funeral Director		214-03-5071	1 2 \$ M 2□ F	82	Yrs. Mor				914	Mary	ce (Stete or Foreign y) 'land	
-f show	tor	Usual Residence of Decedent 10e. Stete 10b. County Md • Balt:	imore	10c. City,	Town or Location	Rosed	ale			100	d. Inside City Limits	
at be not	ai Director	10e. Street end Number 1315 Chesaco A	ve.		10	. Zip Code	21237	1237 10g. Citizen of USA			у?	
"natural", or items 23a or 28a-f show soical Examinat must be notified at	by Funeral	11. Marital Status 1 ②Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent I Armed Forces? d IXYes 2 N If Yes, Give Yeer or Dates:			ecedent of I specify Cub es 2 No		Specify Yes or No- to Rican, etc.)	14. Race - American Ind Black, White, etc. Specify: White		c.	
"nature		15. Decedent's	Education		16e. Decedent's	Usuel Occu	petion during most of wo	advine.	16b. Kind of Bi	usiness/Indu	stry	
r than	Completed	(Specify only highest Elementery/Secondery (0-12)	College (1-4or 5	+)	life. DO NO			nking	Au	to Sa	ales	
rkad othe tic event,	To Be C	17. Fether's Neme (First, Middle, La William M.	est)					me (First, Middle, I		10)		
Department of Health and Mental Important: If item 27 is marked o any injury or other traumatt evonge.		19e. Informent's Neme/Reletionship Gary Schwinn						urel Route Number			Code)	
		20e. Method of Disposition 1 DBuriel 2 Cremetion 3	20e. Method of Disposition 1 Depuried 2 Cremetion 3 Removat from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) OAk Lawn Cemetery 11/18/96 Baltin									
ician dicai niner		23e. Pert1. Enter the disease, or a shock, or heart feilure. List or limited l	. Myo	CAR	1	T		CTION			ntervel Between Onset end Deeth	
#	iner						- GAT	2 Dinc	D75E	ASE		
ouriel-tren	i Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or trijury			s e consequence							
igned by the attending	/Medical	thet initiated events resulting in deeth) Lest	d	Due to (or es	e consequence	of):						
	Physician/M	Pert II. Other significant conditions	contributing to death bu	it not resultin	ng In the underlyi	ng ceuse gi	ven in Pert i.		bacco use co		he cause of death?	
	Completed by							24e. Wes e	n eutopsy ned?	aveile	e eutopsy findings eble prior to otetion of ceuse eth?	
80	Com							1 □ Ye	s 2 No		Yes 2□No	
is cartificata director, pa	Be	25. Wes cese referred to medicet exeminer?					26. Plece of De	eth (Check only on	e)			
0 0	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatier	nt 2KER	/Outpetient 3E	DOA Oth	her: 4 Nursing H	Home 5 ☐ Reside	ence 6 Oth	er (Specify)		
- 60	6	27. Menner of Deeth 1 Naturel 5 □ Pending 2 □ Accident investigat	28e. Dete of Injur (Month, Dey ion	Year) 28	b. Time of Injury M	28c. Injur Wo	nyet rk? IYes 2 □ No	28d. Describe ho	w Injury occurr	red		
or: After ha fune	ati	E C / tooldont		28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)					28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)			
o the Funeral Director: After the ompletely filled in by tha funeral	Certification:	3 Suicide 6 Could not determine	28e. Place of Inju		, ferm, street, fe	ctory, office				er or Rurel F	Route Number,	

State Registrar

GOUIND N
31. Dete filed (Month, Dey, Yeer)

290. Signeture and title of certified

Govind Maury 1 M.D

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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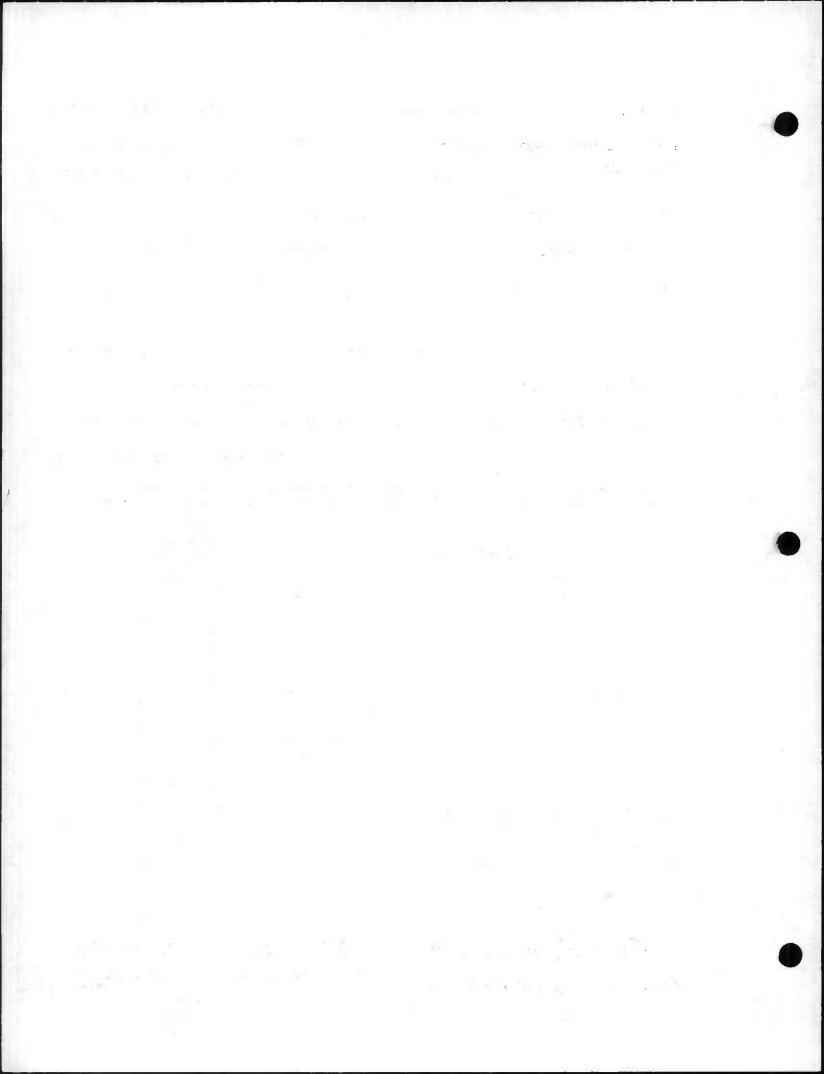
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

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31. Determine The difference of the sign of



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death Lonnie L. Lindsey 7:30 PM ovember 17 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daath Columbia 6062 Watch chain Howard If Under 1 Yeer If Under 24 Hrs. 8. Data of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Sociel Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) 226-26-2288 1□ M 20 F Yrs. USA (Geosgie July 25,1913 Usual Rasidanca of Dacedant 10a. Stata 10b Counts 10c. City. Town or Location 10d. Insida City Limits Arlington Va. 1 ☐ Yas 2 No Arlington 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? Rolte Street 5 outb 22209 usA 11. Maritel Stetus 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Marriad 2 Marriad 1□ Yas 21 No Specify: Specify: Black 3 Widowad 4 Divorced 15. Dacedant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Receptionist -17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Robert treeman hounies immons 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Elaine Carter Columbio, md 21044 6062 Watchchain Daughler 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Deta 20c. Location - City or Town, Stata 11/23/96 ATlanta, Georgia 1 Burial 2 □ Cramation 3 □ Ramoval from Stata South - View Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility 22. Nama and Addrass of Facility
ChiNN Funeral Service
2605 %. Shirlington Road ARtington, Va. 2226

23a. Part1. Enter the disease, or complications that caused he death. Do not anter the mode of dying, such es cardiae or respiratory arrast,

Approximate 21. Signatura of Funaral Sarvica Licensaa Approximate Intarval Batwean Onsat and Death Immediata Causa (Finel disaasa or condition rasulting in daath) isease to Liver cinom Sequantially list conditions, If eny, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting In daath) Last Dua to (or as a consequance of): Dua to (or es a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 PNo 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy findings evallabla prior to completion of cause of daath? 24e. Wes en autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

28a-f show

or items 23a or

'natural'.

Hygiene.

Pages 1 and 2 should be filed within 72 hours efter

and Mental Is marked

permit. Pages 1 and 2 Department of Health a Important: if Item 27 Is any Injury or other treu

Baltimore, Maryland 21215-0020

The Medical Examiner must be notified at

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Completed

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To Be

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Bile. Certification: Affiar

The law

Attending

Division of Vital Records, P.O. Box 68760, To the Hospital or Attends
Within 24 hours after death
To the Funeral Director; A
completely filled in by the fi

State Registrar

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was cesa refarred to madicel examinar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Mannar of Daath Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Matural 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Phyeician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar stated. Medical (Check only one) 29b. Signatura end titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar)

NOV. 18/1996

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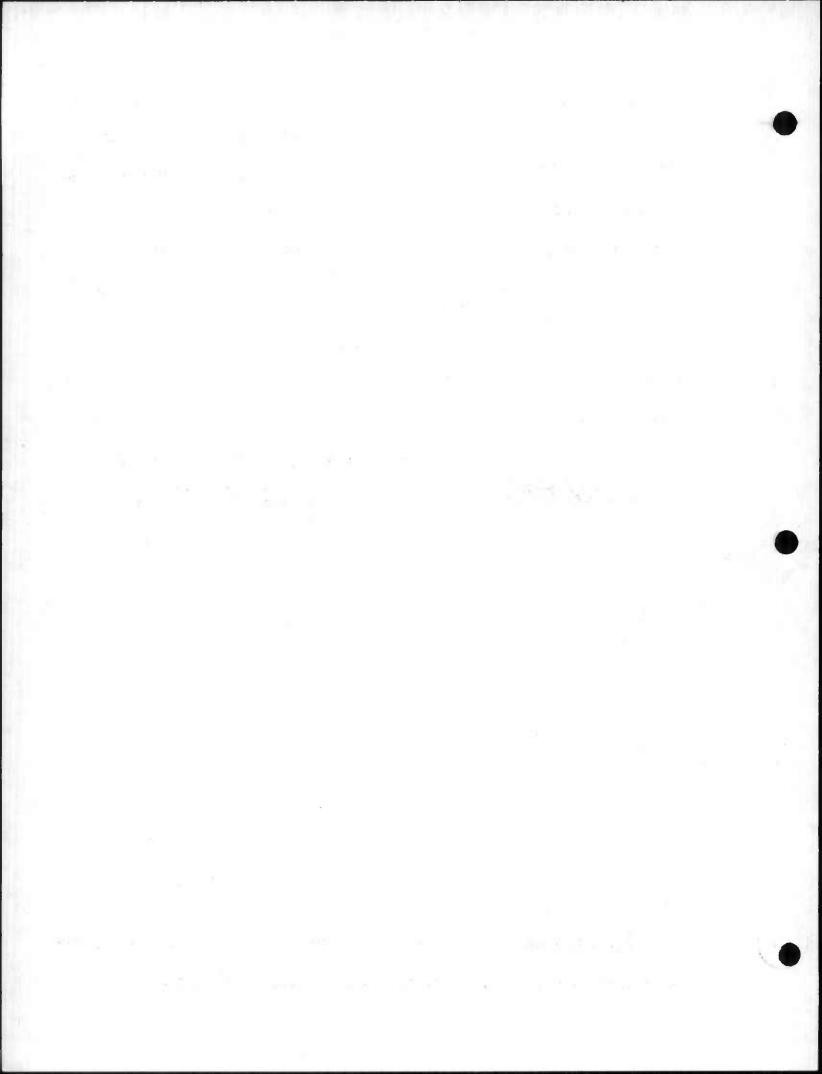
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State of Maryland / Department of Health and Mental Hygiene 0.5

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	Exami	ner	4e. Fecility Neme (If not institution, given 5610 Hilltop Av				4b. City, Town, or L Baltime		4c. County of I	n/a		
	Funeral Director		214 16 5371	Sex 7. Ag	e (In yrs. lest bir 79	thday) If Under 1 Yea Months Dey		8. Date of Birth (Month, Dey, July 15	Year) 9.	Birthplace Country) Mary]	e (Stete or Foreign Land	
	Maryland If ahow	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland n/a	a	10c. City, Town	n or Location	Baltimore			10d.	fnside City Llmlts 1 ★ Yes 2 □ No	
	ith with the 23a or 28a	Funeral Director	10e. Street end Number 5610 Hilltop Ave	•		10f. Zip Code	21206	10g. Citizen of Who				
020	n 72 hours efter death with the Maryland "natural", or items 23a or 28a-f ahow solgal Examinat Prant be invitted at	by	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 XYes 2 If If Yes, Give Yeer or Detes:	No	If Yes, specify Cuban, Mexicen, Pue		(Specify Yes or No- orto Rican, etc.) 14. Rai Ble Specifi		ce - American Indien, ck, White, etc. fy: White		
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Balt	permit. Departm Importar any Inju		21. Signature of Funeral Services Log	Thuma		22. Name end Add CAFA Step		hrmann P		1/10	21286	
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, P.O. Box	es that the death cer igned by the ettendir be detached for use	y Physician/N		own both g to dodn't be	at not resulting in	the underlying couse g	IVON IN PORT.				y 4 Unknown	
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	within 24 hours after To the Funeral Director Completely filled in b	edical C	29a. Certifier (Check only one) 1 X Certifying Ph 2 Medical Exam	yelclan: To the best of liner: On the besis of and manner ste	examinetion end	deeth occurred et the t or Investigation, In my	ime, date end plece, opinion, deeth occurr	end due to the ceu ed et the time, det	se(s) end menne e end plece, and	r es steted due to the	i. ceuse(s)	
	Within To the	Me	29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)									
)		30. Name and address of person who of	completed cause of de	m - W		397	N	November	15,	1996	
			Ruben S. Sebastia	1			Baltimore	, MD 21	234			
	Sta Registra	-	31. Dete filed (Month, Day, Year) NOV 1819	32. Regi ∌ ra	r's Signature	Randell					ME	

DHMH 16 Rev 6/95



Items10e,16a 11-18-96 Fi1mG741 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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32. Registrar's Signature And Standards

State Registrar

31. Data liled (Month, Day, Year) NOV 18 1996

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	Funeral Director		5. Social Security Number 6. 219–42–6626	Sex 1□M 2∏XF	7. Aga (<i>l</i> n <i>yrs</i> .		Months Days					laca (Stata or Foreign try) RYLAND	
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	or the	je je	10e. Street and Number				10f. Zip Coda			10g. Citizan of V	Vhat Coun	try?	
	th wi	le I	6 KISKA CT.				2113	3		USA			
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Baltimore,	S & E C		20a. Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Spec		Stata	ematary, cra IAI ISI	osition (Nama of matory or other pla RAEL		Data 0/31/96	BALTII			
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	/Medical Examiner		Immedieta Cause (Final disaasa or condition rasulting In death)	6	METAST		OVARI	an Car	VOER		- 1	2 yrs. 9 mos.	
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			37.	Den	DM		DY	0480		OCT	29	1991	
		ŀ	30. Nama and addrass of person who			23a) (Type.					-11	1110	
			FERNANDO FERRO,		10 BELA			MORE, MD	21206				
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Registrar

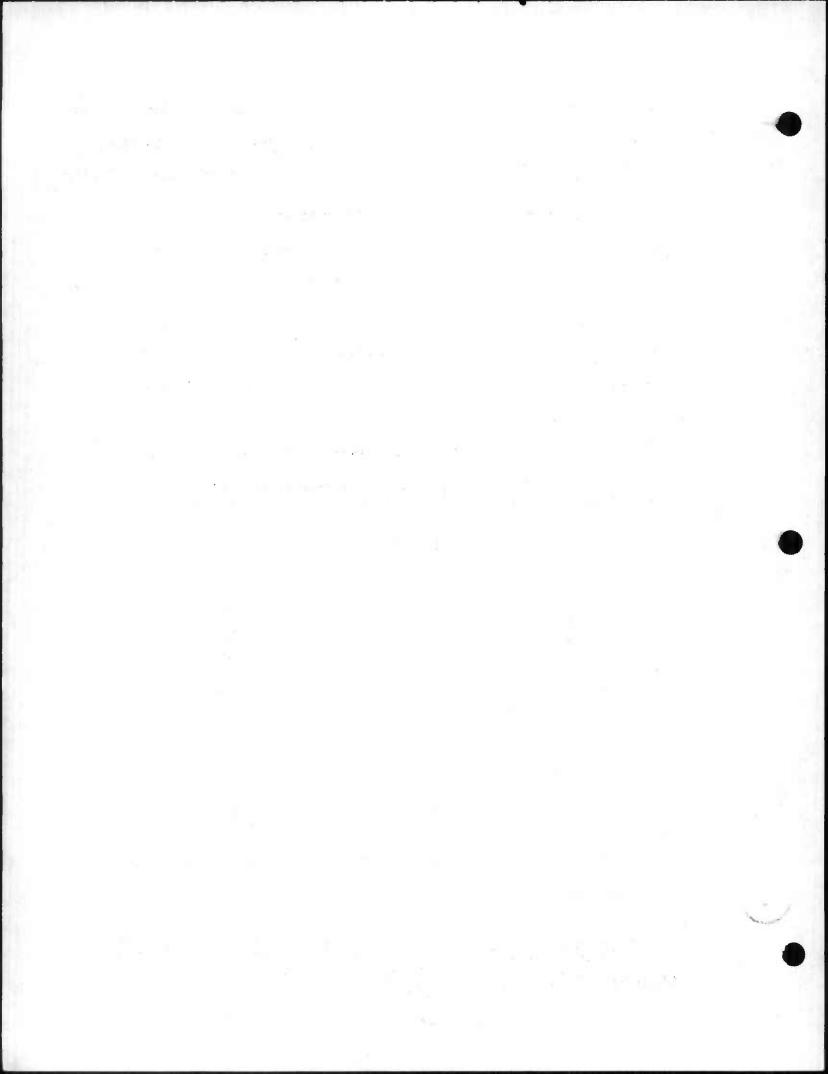
NOV 18 1996

The Deviden Render

State of Maryland / Department of Health and Mental Hygiene 34442 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Lillian M. Lajos 1996 15, Nov. 6:30am /Medical 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth **Examiner** 4c. County of Death 301 Nitram Court Middle River Baltimore If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth _(Month, Day, 9. Birthplace (State or Foreign **Funeral** Months 1 □ M 200 F January 20, 1912 213-32-9811 Maryland Director 84 Yrs Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Md. **Baltimore** Middle River Director 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 301 Nitram Court 21220 items 23a USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11 Mantal Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter a Depertment of Haalth and Martial Hygiene. Important: If Item 27 is marked other than "natural", or Item any injury or other traumetic event, the Maxical Examment 1 ☐ Never Married 2 ☐ Married Baltimore, Maryiand 21215-0020 1 ☐ Yes 2X No Specify: þ Specify: White 3 ₩idowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife 5th own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Benjamin Leach Isabelle Clark P 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Regina Earle/daughter 301 Nitram Court Baltimore Md. 21220 20b. Place of Disposition (Name of cametery, crematory or other place Oak Lawn Cemetery 20e. Method of Disposition Dete 20c. Locetion - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 11/18/96 Baltimore Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md.

lications that caused the death to not enter the mode of dying, such as cerdiac or respiratory arrest, price cause on each line. 300 Mace Ave. Baltimore Md. 21221 23a. Part 1. Enter the disease, or complica shock, or heart failure. List only one **Physician** /Medical immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificate be executed **burial-transit** Sequentially lisf conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, the Due to (or as a consequenca of): for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? ata nas been signed by page 2 should be detacl 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? cartificata has 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No of Vitai or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 20 No Other: 4 ☐ Nursing Home → Residenca 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Director: After this d in by the funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Pending investigation 1 Matural 1 ☐ Yes 2 ☐ No daath 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Funeral Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. (Check only 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme and address of completed cause of deeth (Item 23a)n(Type, Print) Va 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar 1996 8



Physician

/Medical

Examiner

Funeral

Director

28a-f show

6

items 23a

'natural', or

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "n any injury or other traumatic event, the Medi ORCE.

72 hours efter

Bartimore, Maryland 21215-0020

Examiner neat be notified at

Director

Funeral

2

Completed

Be

10

JOHN

10e. State

5. Social Sacurity Number

MD

10e. Street and Number

3230

PFGGY

20a. Method of Disposition

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 34443 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Dey JAMES LYLE NOV 10 1996 11:06 AM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 1331 W.NORTH AVENUE BALTIMORE n/a 6. Sex 9. Birthpieca (State or Foreign Country) 1924 VIRGINIA If Undar 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) MAR.13, 1 7. Age (In yrs. lest birthday) Davs 1√2M 2□ F 225-24-7020 72 Months Hours Usual Residence of Decedent 10c. City, Town or Location BALTIMORE 10b. County 10d. Inside City Limits n/ Yes 2 No 10f. Zip Code 10g. Citizen of Whel Country? DUDLEY STATES AVENUE 21213 UNITED 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian Bleck, White, etc. 1 Never Married X 2 Married X Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ No_X Specify: unk Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SEWER DEPT. BALTIMORE CITY 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumeme) JOHN LYLE LOTTIE DAVIS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) F. LYLF 3230 DUDLEY AVE., BALTIMORE, MD21213 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GARRISON FOREST VA CEM. 11-18 OWINGS MILLS, MD of Funeral Sarvice Licenses 22. Name end Addrass of Facility AVENUE WM.C . MARCHH.-1101 E. NORTH 23a. Part1. Enter the disaase, or complications that ceused the daath. Do not enter the moda of dying, such as cerdiac or respiratory arrest, shock, or heert feilure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth CANCER OF THE COLON Due to (or as e consequence of) Due to (or es a consequença of): Dua to (or as e consequança of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death?

2 Drobably

29d. Data signed (Month, Dey, Year) NOVEMBER 13,1996

Physician /Medical Examiner

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to

page 2

this the funeral

After

The lew requires that the death certificete be executed

Records, P.O. Box 68760.

Division of Vital

Physician/Medical Examiner

by

Completed

Be

Certification: To

Medical

27

Sequentielly list conditions, if any, leeding to Immediata cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last

Immedieta Cause (Finei disaase or condition resulting in deeth)

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	- 4			24a. Was an autopsy performad? inspection	24b. Were eutopsy findings available prior to completion of ceuse of death?
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25. Was cese referred to medicel			26. Plece of D	eeth (Check only one)	
exeminer? ••••••••••••••••••••••••••••••••••••	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3□	Other	Homa 5 ☐ Residence 6 X Othe	er (Special) end home
27. Manner of Death 1 □Naturei 5 □ Pending 2 □ Accident Investigation	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occurr	ed
3 ☐ Sulcide 6 ☐ Could not b determined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, street, fact fy)	ory, office	28f. Location (Street end Number City or Town, Stete)	er or Rural Route Number,
29a. Certifier (Check only one)	ysician: To the best of my kno niner: On the basis of examina and menner stated.	owledge, deeth occurre	ed at the time, date end plea on, in my opinion, deeth oc	ce, and due to the ceuse(s) end ma curred et the time, dete and place, e	nner as stated. and due to the cause(s)

or Attanding Physician: s efter death. in by t To the Hospital within 24 hours e filled Hospital completely

> Margarita Korell State Registrar

29b. Signature and title of cartifier

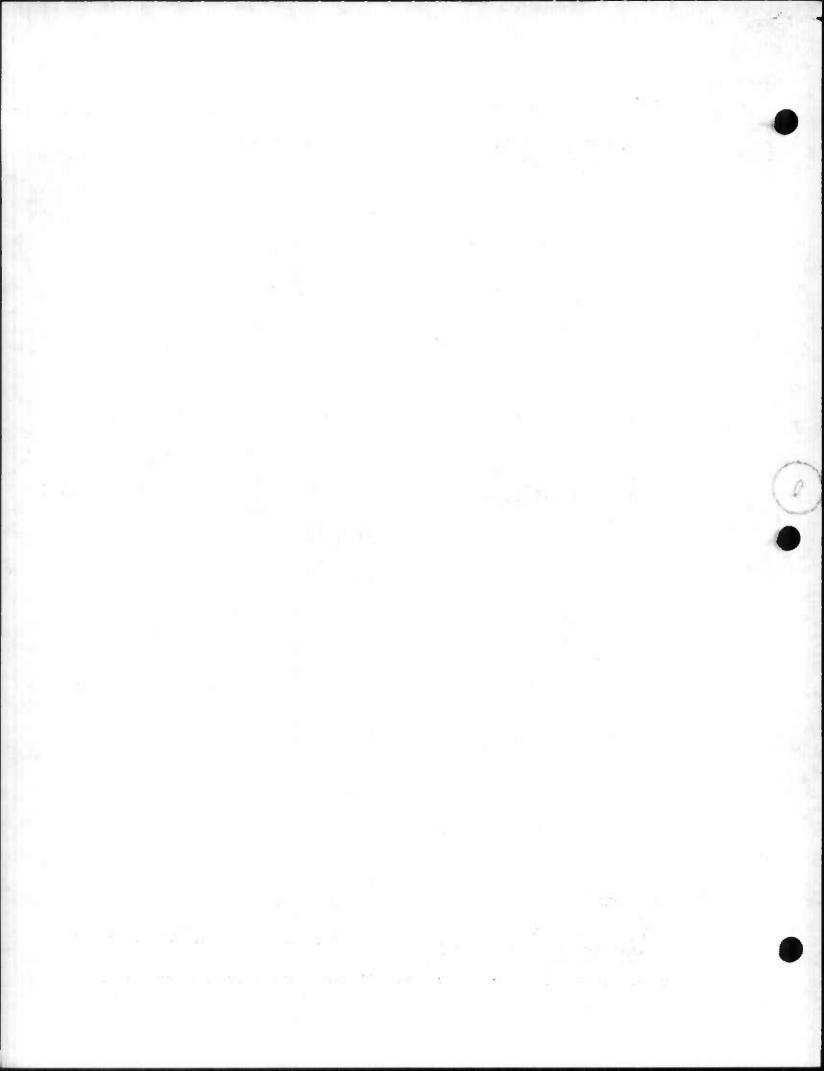
111 Penn Street, Baltimore, Maryland 21201 M.D. 32 Plagistrar's Starature

29c. Licansa number

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O.C.M.E.

DHMH 16 Rev 6/95



Item26 11-18-96 FilmG741 W.H.Per Doctor
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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State

31. Date filed (Month, Dey, Year)

MEN S 1986

State of Maryland / Department of Health and Mental Hygiene 34445 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dey REBECCA /Medical NOVEMBER 2, 1996 MCLEAURIN 1:48 PM 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth 4b. City, Town, or Location of Deeth **Examiner** BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dex Year) 954 **Funeral** 1 M 2 F Deys Months 217-68-2173 42 Director Yrs. Usual Residence of Decedent death with the Manyland 10a. State 10b. County 10c. City, Town or Location Items 23a or 28a-f show 10d. Inside City Limits BALTIMORE BALTIMORE CITY MD Director 1 XYes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? UNITED STATES 2728 EAST FEDERAL STREET 21213 Funeral 11. Maritel Stetus 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Haalin and Mental Hygiene. Important: If Itam 27 la merked other than "natural", or iten any Injury or other traumetin event. Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo BLACK δ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) HOUSEWIFE HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be JAMES E. JONES, SR. REBECCA JAMES 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) BOBBY MCLEAURIN 2728 E. FEDERAL ST. BALTO., MD 21213 20b. Plece of Disposition (Name of cemetery, cremetery or other plece)

ROCKFORD CEMETERY 20e. Method of Disposition Date 20c. Location - City or Town, Stete Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 11-9-96 LAGRANGE, NC 4 ☐ Donation 5 ☐ Other (Specify) Funerel Service Licensee 22. Neme end Address of Fecility CALVIN L. WILLIAMS F.S 270 FREDHILTON PASS win Z. BALTO., MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear failure. List only one cause on each line. Physician /Medical Immediate Ceuse (Fine disease or condition resulting in deeth) Examiner The law requires that the death certificate be executed the bunal-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest been signed by the attending physician should be datached for use as the buna Box 68760 Physician/Medical ears Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ Be Completed 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? After this certificate has 1□ Yes 2 No 1 ☐ Yes 2 No the Hospital or Attending Physician: 25. Wes use referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 2 1 Yes □ Inpatient 2 ER/Outpetient 3 □ DOA 5 ☐ Residence 8 ☐ Other (Specify) 27. Magner of De 28e. Dete of Injury (Month, Dey Year) Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Naturel Accident death. Investigetion 1 ☐ Yes 2 ☐ No within 24 hours after death To the Funeral Director: , completaly filled in by the illed in by the 3 Suicide 6 Could not be determined Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homleide 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and member as stated.

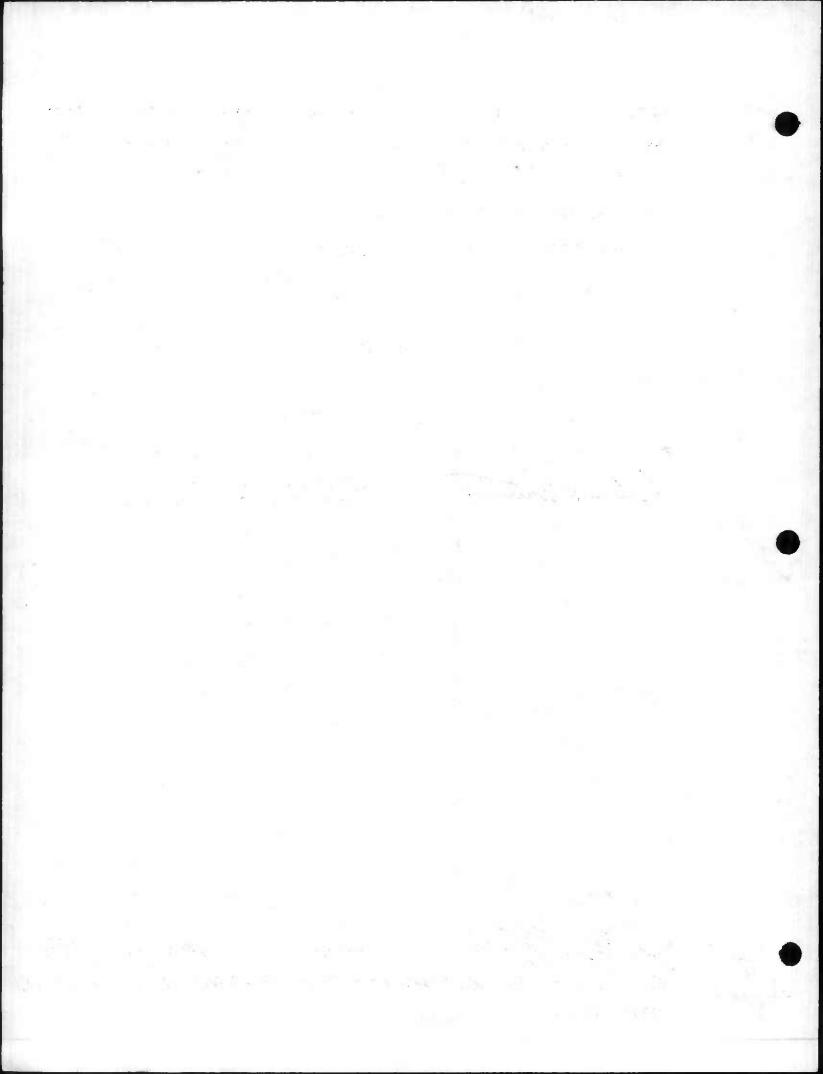
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and member as stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Yeer) RES-000 and address erson who (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Year) 32. Registrer's Sign

DHMH 16 Rev 6/95

State

Registrar

NOV1 8 1996



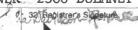
State of Maryland / Department of Health and Mental Hygiene

3666 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month RODNEY MATIOY 9:30 A.M. November 15, 1996 ALLEN /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Stella Maris Hospice Towson Baltimore If Under 1 Yeer | If Under 24 Hrs. | Months | Days | Hours | Min. | 6. Sex 12 M 2 □ F Birthplece (Stete or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Days 38 217-80-2268 Yrs Director 1,1958 Maryland Nov. Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland N/A1 □XYes 2 □ No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7160 McClean Blvd 21235 USA Funeral Wes Decedent of Hispenic Orlgin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 21 No Specify: 2 Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 Cashier College 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Eugene Malloy Joyce Ann Holland 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1926 Lemmon Street Curtis A. Malloy/brother Baltimore, MD 21223 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Depertment of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 11/16/96 Baltimore, MD 21. Signature of Funerel Service Licensee Dawn F. McDonald 22. Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, MD 21228 Approximete Intervel Between Onset end Deeth 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel RECURRENT PNEUMOTHORAX 10 mos diseese or condition resulting in deeth) Examiner Due to (or es e consequence of):

NEUMOCYSTIS PNEUMONIA Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest ACQUIRED IMMUNE DEFICIENCY SYNDROME Physician/Medical Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24e. Wes an eutopsy performed? 24b. Were eutopsy findings evallable prior to completion of cause of death? Completed 2 No 1 Tyes 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ၉ 1 inpatient 2 ER/Outpetient 3 DOA Hospice 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide McCertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and menner steted. 29e. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) aulbeur naapo 96 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204

State Registrar 31. Dete filed (Month, Day, Year) NOV 18 1996





Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland nent of Health and Mental Hyglene.

Int: If them 27 is marked other than "natural; or items 23s or 28s-f show any or other traumstic svent, the Medical Examinar must be notified as

injury or

physicien and the burief-trensit

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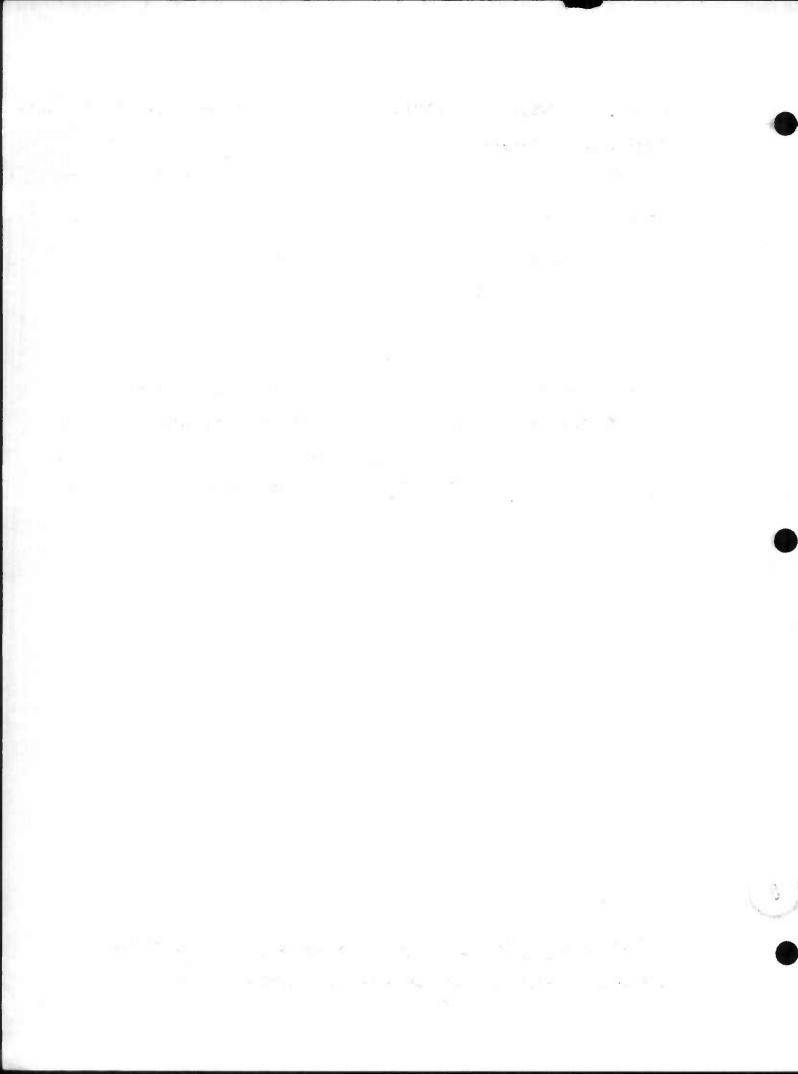
Box 68760.

P.O.

Records.

Spivision of Vital Attending Physician:

Baltimore, Maryland 21215-0020



F

Physician

/Medicai

Examiner

96-6447-025

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

				State	of Maryland /	Department of Health and Men	tal Hygiene
ilm	G742	item	23,27	per Me	12-10-96	Certificate of Death	Reg. No.

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Funeral Director the Maryland Itams 23a or 28a-f show filed within 72 hours efter death with traumatic evant, the Medical Examiner 21215-0020 ò "natural", end Mentel Hygiene. Is marked other than Baltimore, Maryland Peges 1 end 2 should be permit. Peges 1 end 2:
Depertment of Heelth er
Important: If Item 27 Is
any Injury or other trau

1. Decedent's Neme (First, Middle, Last) ROBERT **JOHN** MARCH JR.

2. Deta of Deeth NOVEMBER 12, 1996

3. Time of Courth 1:02A.M.

4b. City, Town, or Location of Deeth FALLSTON

HARFORD COUNTY

5. Sociel Security Number 220-48-5642

1⊠M 2□ F

4e. Fecllity Neme (If not institution, give street end number)

FALLSTON GENERAL HOSPITAL

If Under 1 Yaar Months Days 7. Age (In yrs. lest birthday) Days Yrs. 44

If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) Hours

Birthpieca (State or Foreign Country)

Usual Residence of Decedent

10b. County

10c. City, Town or Location

May 15, 1952

Maryland

10a Stete

Harford

Forest Hill

10f. Zip Code

10d. Inside City Limits 1 ☐ Yes 2 No

White

10e. Street end Number

910 Yvette Dr. 11. Marital Status 1 Never Merried 2 X Marriad

3 ☐ Widowed 4 ☐ Divorced

Eiementery/Secondary (0-12)

12. Was Decedant Evar in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yaer or Datas:

 Wes Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yes 2 ☒ No

14. Race - American Indien, Black. White, etc. Specify:

10g. Citizan of Whet Country?

USA

15. Decedent's Education (Spacify only highast grade complated)

Collaga (1-4or 5+)

16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT usa ratirad) Roofing Estimator/Project Mgr.

21050

16b. Kind of Business/Industry Commercial Construction

17. Fether's Neme (First, Middle, Last)

John March, Robert

18. Mother's Name (First, Middle, Meiden Surname) Evelyn Louise Robertson

19a. Informant's Name/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) 910 Yvette Dr., Forest Hill, Md. 21050

Janey N. March - Wife

20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca)

20c. Location - City or Town, Stete

20a. Method of Disposition 1 Burlel 2 □ Cramation 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)

Highview Memorial Gardens 11-15-96 Fallston, Md. 22. Name end Address of Fecility

21. Signature of Funerel Sarvice Licansea

Howard K. McComas III Funeral Home, 50 W. Broadway St., Bel Air, Md. 21014 23a. Part1. Enter the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line.

Immediete Ceusa (Finel diseasa or condition resulting in deeth)

e. Hypertensive Artherosclerotic Cardiovascular Disease Due to (or es a consequence of):

Sequentielly list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Disaasa or Injury that Initiated events resulting in deeth) Last

Due to (or es e consequence of)

Due to (or es a consequenca of)

Pert ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert it.

23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Ware autopsy findings eveilebla prior to completion of causa of death?

Approximata Intarval Batween Onset end Deeth

2 No

25. Wes case referred to medical TXXYes 2 □ No

27. Manner of Death 5 Pending investigation

6 ☐ Could not be datarmined

28e. Dete of Injury (Month, Day Year)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Othar: 4 Nursing Homa 5 Residenca 6 Othar (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

26. Place of Deeth (Chack only one)

29e. Certifian (Check only one)

1 Maturei

2 Accident

3 ☐ Suicide

4 I Homicide

1 Certifying Physician: To tha best of my knowledge, daeth occurred et the tima, date end pleca, end due to tha ceuse(s) end mennar as stated.

2 XMadical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et tha time, data and placa, end dua to the cause(s) end menner stated.

29b. Signatura and title of certifier

29c. License number

29d. Data signed (Month, Day, Year)

Lodan · my

O.C.M.E.

NOVEMBER 12, 1996

28f. Location (Street end Number or Rurel Route Number, City or Town, Stata)

30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

TEUDORE 111 Penn Street, Baltimore, Maryland 21201 NOV 1 8 1996

State Registrar

DHMH 16 Rev 6/95

4c. County of Deeth

Director Maryland Funeral

by

Completed

Be

Physician /Medical **Examiner**

The law requires that the death certificate be executed **buriel-transit** Bnd Box 68760. ettending physician the USB BS

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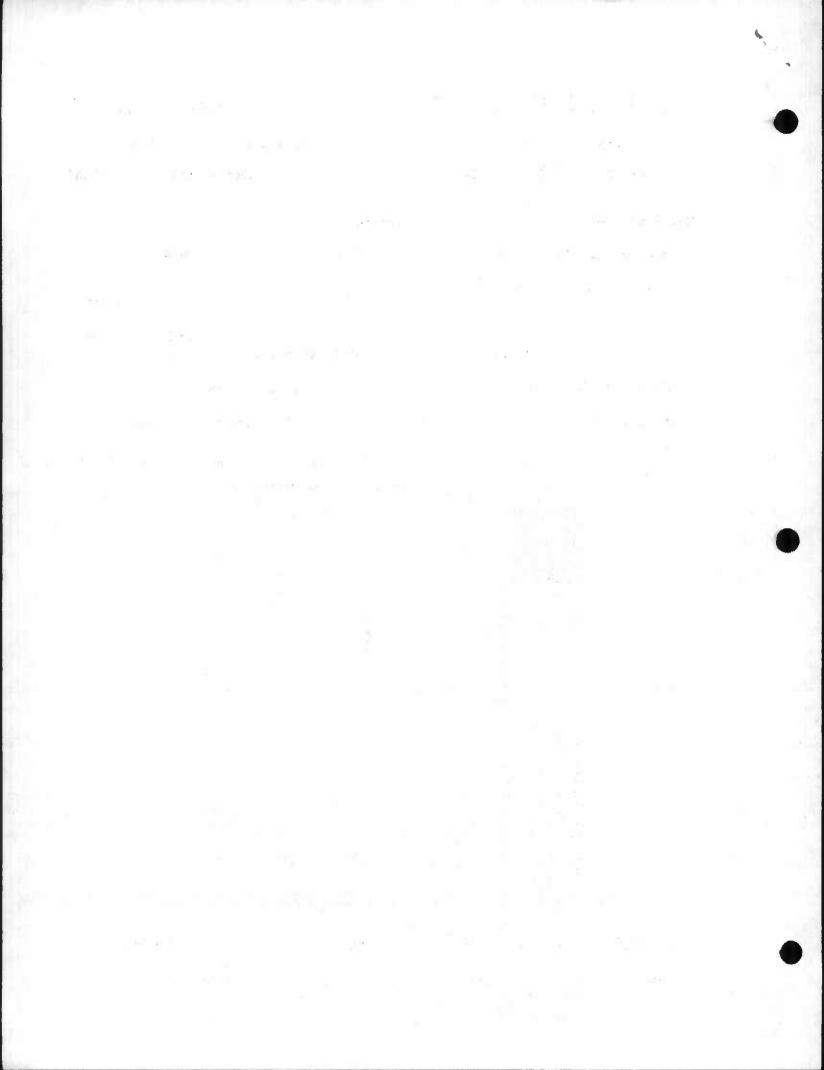
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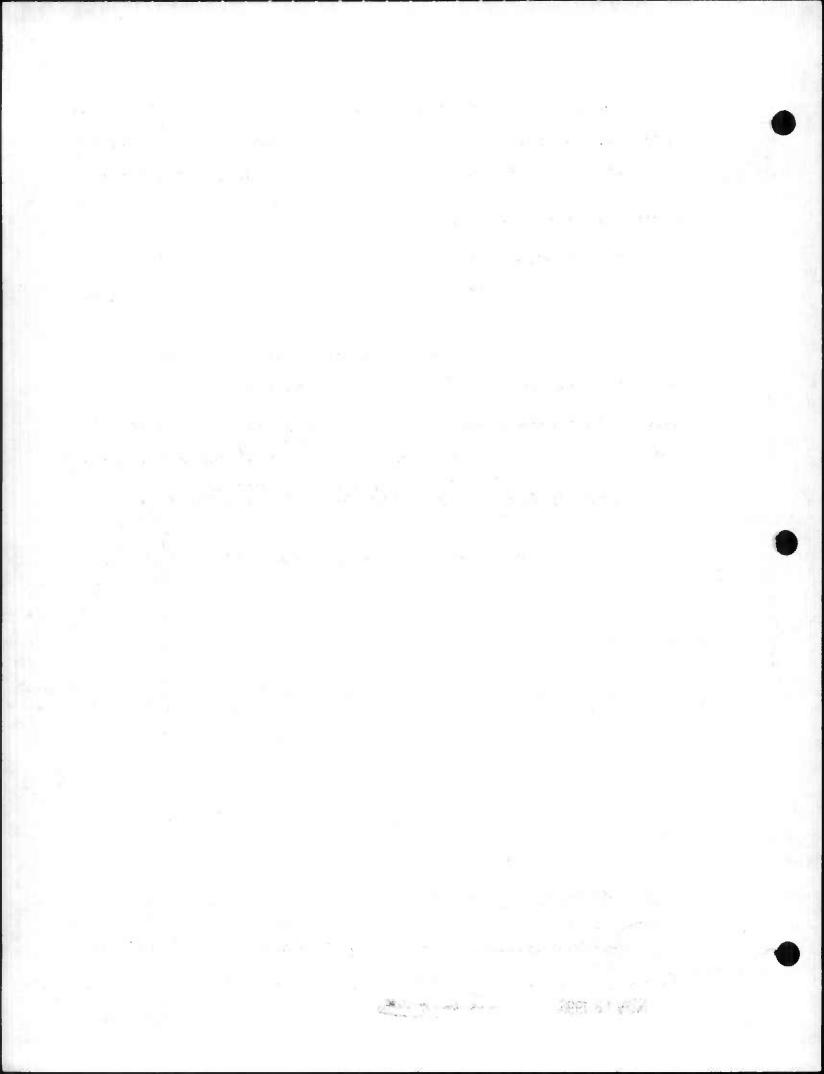
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	Examine Funeral Director		217-38-7737 ¹ ⊠M 2□F	r) Age (In yrs. last birthday) 54 Yrs.	If Under 1 Year Months Days	4b. City, Town, or I Baltimo If Undar 24 Hrs. Hours Min.	re	4c. County N/	of Death	ate or Foraign
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020	72 hours after death with the Maryland netural, or itams 23a or 28a-f show diest Examiner must be invited at	by Funeral Directo	11. Marital Status 1 Navar Merried 2 Married 1 Navar Merried 2 Married 3 Widowed 4 Divorced 12. Was Decedan Armad Forcas 1 Navar As 2 If Yes, Giva Yaar or Datas	5? I] No	Was Decedant of I If Yas, specify Cub 1 ☐ Yes 2 ☑ No	dispanic Origin? (Span, Maxicen, Puant Specify:	pacify Yas or No- o Ricen, atc.)		- Amarican India k, Whita, atc. White	
21215-0020	within ana. than	Be Completed	15. Decedent's Education (Specify only highest grada complated) Elementary/Secondary (0-12) College (1-4or 2 years	16e. Deced (Giva lifa. L		pation during most of word d)	king	16b. Kind of Bu Archdio Baltim	siness/Industry	
Maryland	should be filed and Mental Hygid s marked other umatic event, II	To Be C	17. Father's Nama (First, Middle, Last) Joseph S. Nadolny Sr. 19a. Informant's Name/Ratattonship (Type, Print)			18. Mothar's Nen	ne (First, Middla, i a Siemek	Maiden Surnam	a)	
Baltimore, Marylar permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked any injury or other traumatic enonce.				ife) 608 M	1cHenry F	Rd. Pike	sville,	MD 21	208 City or Town, Stal	ta
Baltimore,	permit. Pa Departmer Important: any Injury ance.		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee	Lo	Nama and Addre	ess of Fecility Frs Funera		tors, I	nc.	
	Physician /Medical		23a. Part Enter the disease or completions that cause shock or heart failure. List only one cause on each Immediate Cause (Final disease or condition	d-tha death. Do not anta	ar tha mode of dyl		or raspiretory err	ast,	Approx	
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	10		MARK KIM, MD UMM	15 225.6		L. BALT	TIMORE	, MD		
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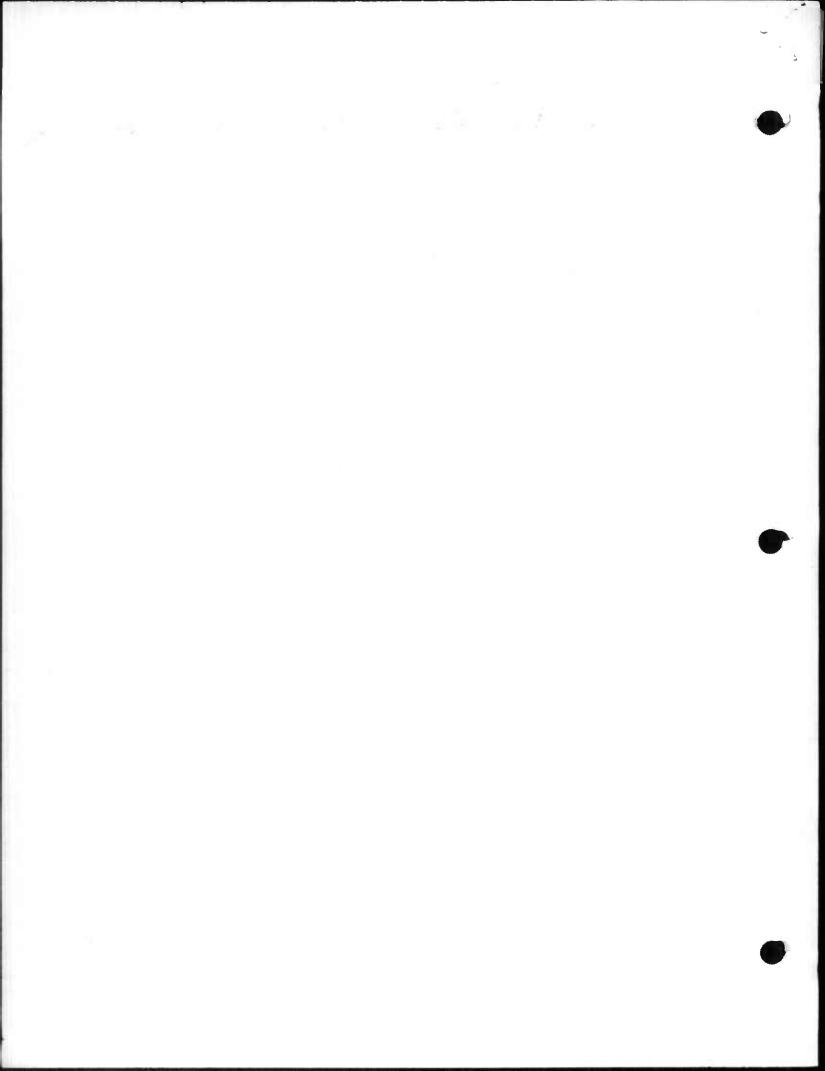
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	To the Hospital or Attending I Within 24 hours after deeth. To the Funeral Director: After completaly filled in by the fune	edicai	(Check only one) 2 Medical Exam	niner: On the bests o end menner st	f exemine	tion end/or In	vestigetion, In	my or	oinlon, deeth	plece, end due to the occurred et the time,	dete end pl	lece, end due	to the ceuse(s)
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last. 3. TIME OF DEATH 2. DATE OF DEATH OB. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State Country) 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 217-05-3551 MIH. 1 M 2 F 87 YRS 20, Sept. 1909 West Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll Lutheran Villiage Westminste Carroll RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Carrol1 Westminster 1 YES 2 K NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 209 St. Matthew Court director, page 5 should be detached for use as the burial-transit U.S.A. 21157 ge 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. Il yes, specify Cuben, Mexican, Puerto Ri 1 ☐ YES 2 🖾 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: White BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Her own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) F Charles Matthias BE Minnie Souder notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Leona Tankersley P.O. Box 5 Keymar, Maryland 21757 pe 20a. METHOD OF DISPOSITION
1 💢 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Meadowridge Memorial Park 11/18 Elkridge, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. Stephen w ensons 8728 Liberty Road removal. Randallstown. 21133 medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, in by **Approximate** ahock, or heart failure. List only one cause on each line. 0 interval Between filled IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition and completely for burial, cremation Sroncho Diration Aneumonia IWK resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, ending physician an I Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 the atten Mental I 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES TO NO heart ailera A) Q 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\sqrt{NO} \) UNCERTAIN \(\sqrt{D} \) PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only on Item ! certificate the State HOSPITAL: Nursing Home 5 - Residence 6 - Other (Specify) 1 YES NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, this (Natural 2 Accident 5 Pending M 1 YES 2 NO After 1 BY Accident investigation 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 99 ETED 3 Suicide 8 Could not be DIRECTOR: 28 4 Homicide hours a COMPLE 29e. CERTIFIER 175 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. (Check only one) TO THE HOSPITAL
TO THE EUNERAL I
De Gled Within 72 h
IMPORTANT: If I 2 MEDICAL EXAM ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end gaanner es stated. 29b. SIGNATURE AND TOLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 906 M 13 9 2 30. HAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 1 32. HEGISTBAR'S SMATULE DE



State of Maryland / Department of Health and Mental Hygiene 96 3445

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State of Maryland / Department of Health and Mental Hygiene 96 31152

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Registrar

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State of Maryland / Department of Health and Mental Hygiene Q.S. 21.1.5.2

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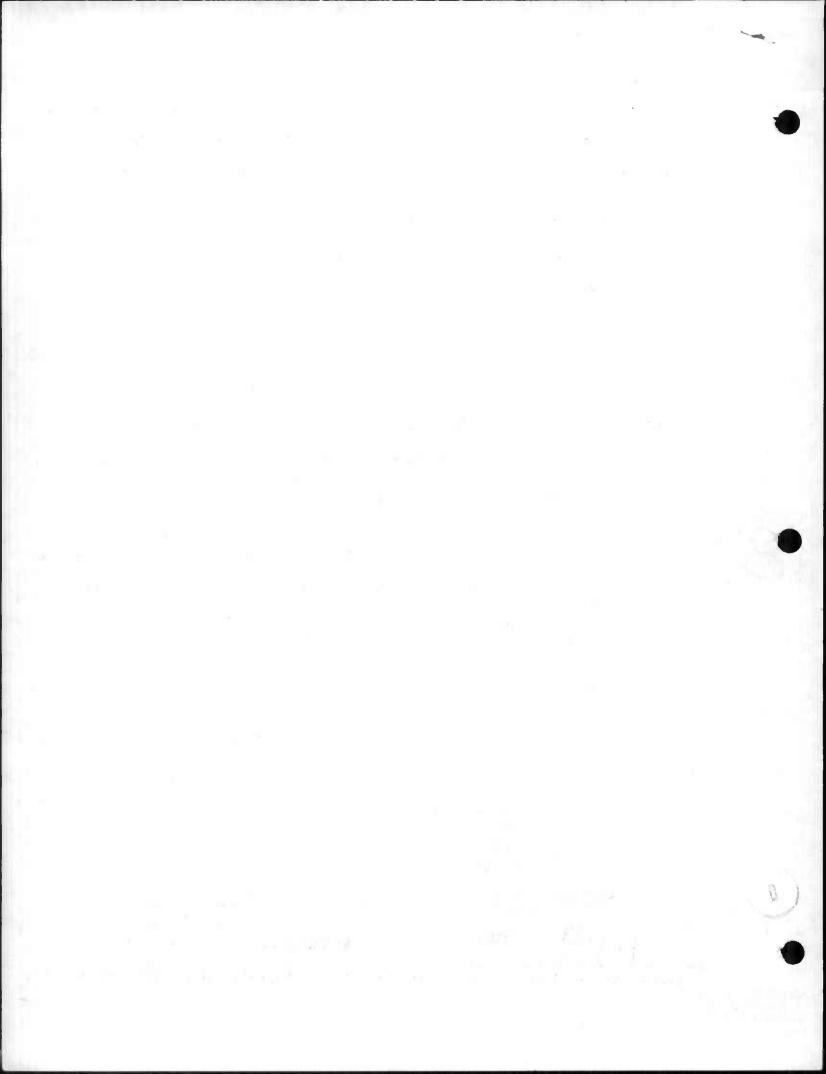
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State of Maryland / Department of Health and Mental Hygiene 96

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	2	James Rew, Sr.						M	argar	et C.	Brady		
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	FOR STATE REGISTRA
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICAT	TE OF	DEATH		REG. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last)	0.	0 0 11				2. DATE	OF DEATH	AV .	VELO	3. TIME OF DEATH
	DAISY	1(0	ACH					EMBEA	14 1	996	110 A "
	4. SOCIAL SECURITY NUMBER		GE (in yrs. last birtho	lay) IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		A BIRTH	IPI ACE (State or Foreign
	216-22-6064	1 □ M 2 🔯 F	92 YR	S. MONTH	B DAYS	HOURS MIN.	Jan	25,19	904	Wes	t Virginia
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CI	ITY, TOWN (OR LOCATION OF D				INTY OF D	
DIRECTOR	Mercy Hospital				Balt	timore Ci	ity			N/	'A
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
<u>E</u>			100.		N OR LOCAT						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	altimore		ват	timor.						1 TYES 2 X NO
FUNERAL		~ .			101	. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
밀	8616 Castle Mill (21236			U.	S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	1	If yes, sp	ENDENT OF HISPAL ecify Cuban, Maxica	NIC ORIGII	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	— American Indian, t, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES			2 NO Specif				Specif	
	15. DECEDENT'S EDUC	ATION	14- DEGEOGR								
	(Specify only highest grade of	completed)	16a. DECEDE? (Give kind	l of work dor It use retired	ne durina mo	st of working	168	b. KIND OF BUS	SINESS/INI	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Priva		-			Nurs	ina		
<u>S</u>	17. FATHER'S NAME (First, Middle, Last)		11114	oc na	150						
BE COMPLETED	Solomon Showater					18. MOTHER'S NA Ella C		Middle, Maiden	Surname)		
	19a. INFORMANT'S NAME (Type/Print)		405 244	410 1000							
2	Mrs. Roberta Xec	eh sogimos	11ghrer	261 A	Cact	nd Number or Rural	Route Num	iber, City or Towi	n, State, Zij 1 + 1 m.	o Code)	Md. 21236
	20s. METHOD OF DISPOSITION										
	1 X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DA	or other plea	OSITION (NO	esus Cem	OAT	7 6 Pol	t i mo	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Dacred I			ID ADDRESS OF FA		TO Dat	CIIIO.	re, r	Tu •
		2	1			ews Fune		Home			
_	yan s.	Satthe	NZ/		3021	Eastern	Ave.	, Balt	imor	e, Mo	1. 21224
	23. PART I. Entar the diseases, or co ahock, or heart failure. L	omplications that cau	sed the death. I	o not ent	ar the mo	da of dylng, suc	h as can	diac or respi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Final										Interval Between Onset and Death
	disease or condition resulting in death)	Acu	18 (AA.	DIAC	- AR	JAS	74 L	111		MINUTES
		OUE TO (OR A	S A CONSEQUENC	E OF):							
Z	Sequentially list conditions,	ACUT	E MI	001	9 11 01	AL	INI	FARC	116	24	MINUTES
Ĕ	if any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR A	S A CONSEQUENC	E OF):			C				
일	CAUSE (Disease or Injury C.	CO/10	NANY		917	EALD.	766	105	1,5		reans
Ē	that initieted events resulting in death) LAST	10 (OR A	3 A CONSEQUENC	E OF):							
CERTIFICATION	d.										
- 11	PART II. Other aignificent conditions					ceuee givan in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL.	CHAONIC OBST	MUCTUE	PULMO.	KANY	D	ISEASE		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	STRANGULATED LO	TOP OF BOW	EL - SUM	GEAT	NOI	1-3-199	16	1 1 163 2	7110		OF DEATH? 1 YES 2 NO
Σ :	DID TOBACCO USE CONTR										1 123 2 10
¥	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF I			OTTOEKIAN	· A				
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 DO	OTH		s 5 Residence	e 🗆 Oeba	or (Constitut			
Ĭ	27. MANNEB OF DEATH	28a. OATE OF INJUR	TY 28b.	TIME OF	28c. tNJ	URY AT		SCRIBE HOW IN	NJURY OC	CURED	
	1 Natural 5 Pending Investigation	(Month, Day, Yea	(r)	INJURY M		RK? 'ES 2 NO					
D BY	2 Naccident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJU	JRY At home, far	m, street, fa	actory, office		28f. LOC	ATION (Street a	nd Number	or Rural R	oute Number,
핃	4 Homicide determined	building, atc. (S	рөспу)				City	or Town, State)			
١٣	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kn	omiedne death oc	notes the beauty	time data	and place, and due	to the one				
COMPLETE	(Check only one) 2 MEDICAL EXAMINER										and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							The piece, and			
10-10	Jack La S N	torn.	208-	M.E	,	29c. LICENSE NUI	MBER 771		29d. DAT	E SIGNED	(Month, Day, Year)
P	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DHATH (ITEM 27)	Sono Deleat	9	- (71	0	- /	1 - 11	4-96
		TANAKG		ype, Print)	30	1 ST. PA	IUL.	PLACE	. 3	ALT	14018
	31. DATE FILED (MOTH) DOLL MORE	FLASCING IS		2							
J.	1101 1000	T.H	Super Transport								

19 8 15 E

YEAR

1926 Maryland 9c. COUNTY OF DEATH Baltimore

> 10g. CITIZEN OF WHAT COUNTRY? USA

1996

Gajkowski

3. TIME OF DEATH

6.50

10d. INSIDE CITY LIMITS? 1 - YES 2 NO

14. RACE — American Indian, Black, White, stc. Specify: White

S. BIRTHPLACE (State or Foreign Country)

REG. NO.

2. DATE OF DEATH

November

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

<u>Helen Agnes Rosk</u>

		4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH		S. BIR		
-		212-22-9315	1 🗆 M 2 🔀 F	70	YRS.	MONTHS	DAYS	HOURS MIN.		ionth, Day, Year)	926	Ma		
shoule		9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATION OF			9c. COU			
2, 3 should	DIRECTOR	Riverview Nurs	ing Cent	re,	Inc.	Ess	ex				Ba	lti		
physician. burial-transit permit. Pages 1,	EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCATI	ION						
Pag	Dia	Md. Bal	timore		N	orth	Po	int						
ermit		100. STREET AND NUMBER	CIMOIC		1 21	OI CII	-	ZIP COOE			10g. CIT	IZEN O		
nsit p	ERAL	7525 Carson Av	e.					2122	4			USA		
al-trai	FUN	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.	S. ARMED			ENDENT OF HISP	ANIC OR	IGIN? (Specify Ye		14. R/		
be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-trar in notified at once.	В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATE	avy S-1- NO			2 XNO Spec		rto Ricen, stc.)		Sp		
by the hospital or attending be detached for use as the at once.	ETED	1S. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)			Give kind of life. Do NOT u	work done a	CUPATIO	N at of working		16b. KIND OF BU	SINESS/IN	DUSTRY		
nspital	COMPL	6 yrs.	Comage (1-4 of 5 v	<u></u>	Senio	r Ai	de			Balto	. C	0.		
detach	Ö	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S N	AME (FI	st, Middle, Maiden	Surname)			
be to	шч	ndrew Rozga Ro	sk		Antoinette Ga						Sajk	ows		
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street at	nd Number or Rura	Aoute N	lumber, City or Tow	or Town, State, Zip Co				
y be re bage 5	F	Diane E. Kelln	er r	niece	752	5 Ca	rso	n Ave.	Ва	ilto. N	1d.	212		
may be or, page		20a. METHOD OF DISPOSITION 1 Burial 2X Cremation 3 Ren	noval trom Stata		ACE AND DATE		ITION (Na	me of	1	ATE 20c. LC	CATION -	City or		
ige 6 ma lirector, p		4 Donation 5 Other (Specify)		-		Cre		ory			Balt	imo		
death. Pag tuneral dii I. examiner		22. NAME AND ADDRESS OF FACILITY Connelly Funeral Hom										Of		
ter death. Page 6 m the funeral director, oval.		Mush Ul						_		Point				
hour's after ed in by the or remova medical		23. PART I Enter the diseases, or shock, or heart fallure.	complications the	caused th	ne death. Do	not enter	tha mor	da of dying, su	ich es d	ardiec or resp	iratory si	rest,		
		IMMEDIATE CAUSE (Final	wat only one cau	se on eaci	ı iina.									
		disesse or condition resulting in desth)	SMALL	CEL	-	レット	G	CAN	CE	R				
completely ial, cremati					ONSEQUENCE O									
and to but	CATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
	CAT	If sny, lasding to immediata csuse. Enter UNDERLYING	C.											
ing phy giene pother	RTIFI	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
tending al Hygie or oth	CERT	resulting in desth) LAST	d											
the deat y the atte id Mental		PART II. Other significant condition	ns contributing to	death but	not resulting	in the un	darlvino	cause given	n Part i	. 24a. WAS AN	ALITOPSY	1 2		
uires that the signed by Health and Inws any In	DICAL	HYPOTHYROID						ALLURE		PERFO	RMED?			
signed Signed Health ws an	ш							7.00		1 TYES	2 X NO			
has been sign Dept. of Healt n 23 shows	N.	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF	DEATH Y	ES 🗆 N	VO [UNCERTA	IN IX	1				
has the Dept Dept n 23		2S. WAS CASE REFERRED TO MEDICAL			PLACE OF DEA			OTTELKIA		'				
10 23 -	SICI	EXAMINER?	HOSPITAL:	ER/Outpatis	nt 3 🗆 DOA	OTHER		S Realdance	806	When (Concilia)				
SICIAN: The certificate had the State D	PHYS	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TII	AE OF	26c. INJI	JRY AT	7	DESCRIBE HOW	INJURY OC	CURED		
this wit	ا م	1 Natural 5 Pending Investigation	(Month, D	ay, Year)	IN	JURY M	1 N							
Afte deat	D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY -	At home, farm,	street, facto	ory, office			LOCATION (Street		or Run		
ATTENDING PHYSICIAN ECTOR: After this certific is after death with the S after in 28 is marked, or it	ш	4 Homicide detarmined	building,	atc. (Specify)						City or Town, State	J			
DIRECTOR: After thours after death item 28 is mar	LET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowled	gs. death occur	red at the ti	me, date	and place, and 4	un Io the	causa(a) and ma	Does on co.	etect		
医圣经二	COMPL	0001	ER: On the besis of e											
A		29L SIGNATURE AND TITLE OF CERTIFIE		200				29c. LICENSE N	UMBER	_	29d. DA	TE SIGN		
新 重 る	BE	I line Pain	hall '	mI				D40	00	8		111		

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SUNATURE

EASTERN

BLUD.

BALTIMORE

PARSHALL

NOV 18 1996

JIM

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> Town, State, Zip Code) Md. 21224 LOCATION - City or Town, Stata Baltimore Home Of Dundalk nt Rd. 21222 espiratory srrest, Approximate Interval Between **Onsat and Death** UNKHOWN 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO W INJURY OCCURED eet and Number or Rural Route Number, nner as stated. 29d. DATE SIGNED (Month, Day, Year) 11/12/9 MD DHMH-16 Rev 1/89

THE STATE OF

96-6445-510 CMK

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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9	0	٦	13	L	C	
					-	

Physician /Medical **Examiner**

Baltimore, Maryland 21215-0020

and physician s the burial Box 68760. 8 The law requires that the death certificate Sion of Vital Records, P.O.

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month SCOTI NOVEMBER 12, 1996 0429AM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 2904 AUCHENTOROLY PLACE BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) , Funeral 9. Birthplece (State or Foreign 1**X**) M 2□ F Days Yrs July 20 1952 Director 44 214-58-7456 MARYLAND Usuel Residence of Decedent e filed within 72 hours after death with the Maryland of Hygiene.
other than "natural", or items 23a or 28a-f show 10e. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits must be notified at 1 X Yes 2 □ No Director MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1502 Appleton Street 21217 U.S.A. Funeral 12. Wes Decadent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Y Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. traumatic event, the Medical Examiner 1 Never Married 2 Married by 1 ☐ Yes 2 No Specify Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 8th College (1-4or 5+) Janitorial Work Chesapeake Staffing 17. Father's Neme (First, Middle, Last) mit. Pages 1 and 2 should be file partment of Health and Mentel Hyportant: If item 27 Is marked oth y Injury or other traumatic even 18. Mother's Neme (First, Middle, Meiden Sumame) Be James M. Scott Doris Ross 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Stanley Scott/Brother 4201 Bayonne Avenue, Baltimore, Maryland 21206 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ★ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Department of Important: If any injury or once. 11-16-96 BALTIMORE, MARYLAND METRO CREMATORY 21. Signeture of Funeral Servica Lights 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Perf1. Eiller the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Immediete Ceuse (Final disease or condition resulting in deeth) Due to (or es e consequence of) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initieted events resulting in deeth) Lest Due to (or es e consequenca of): Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 ☐ Yes 2 ☐ No 3 ☐ Probably ģ 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 ☐ Yes 2 No Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5XXResidenca 6 ☐ Other (Specify) 2 1⊠ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and placa, end due to the ceuse(s) end menner stated. 29a. Certifle Medical (Check only one) within 2 To the 8 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month. Dev. Year)

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

ans

30. Neme end eddress of person who completed cause of with (Item 23e) (Type, Print)

who Mulispace Road

IHEODORE MIKE

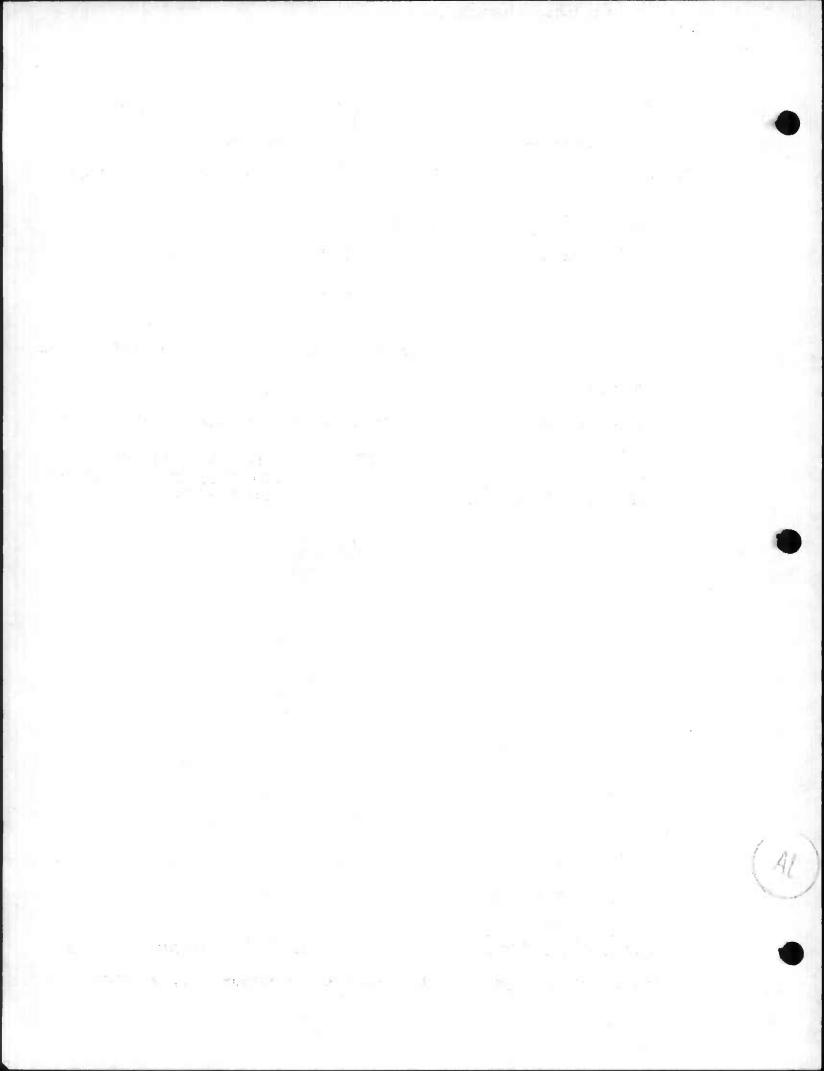
NOVEMBER 12, 1996

State Registrar

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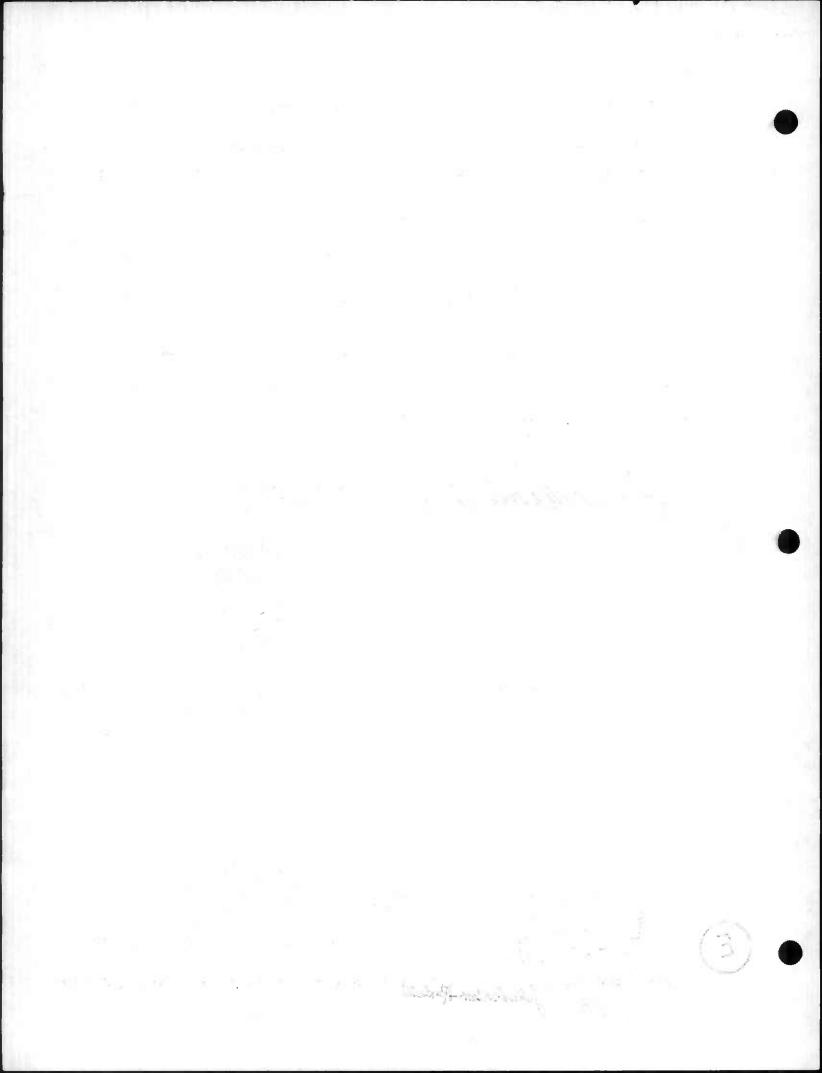
31. Dete filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

		ITEM: 1per DR. 12-16- 1. Decedent's Name (First, Middle, L	96 G-742 eoh		Certific			Mental Hy	Reg. No.	0 01	. Time of Death
Physici		MERWIN	E.	EARLE	SM	ITH	SR. JR.	Month		Year	1:58 A
/Medio Examir		4a. Facility Name (If not Institution, g	ive street and number)	LANCE				r Location of Deat			
Funeral Director		808 BERRY 5. Social Security Number 6. 214-26-5421 Usual Residenca of Decedent	Sex 7. Ag	e (In yrs. last bi	rthday) If Un Yrs. Monti	der 1 Yea ns Deys		S. 8. Date of Bir		nor 9. Birthplace Country) Maryla	(State or Foreig
show		10a. Stete 10b. County		10c. City, Tow	n or Location					10d.	Inside City Limit
the Mary	ctor	Maryland none		Bal	timore						1 ☑ Yes 2 □ N
23a or 2	Funeral Director	10e. Street and Number 808 Berry Street	Ė		10f.	Zip Code 2	21211		10g. Citizen of U.	Whet Country?	
in 72 hours efter death with the Maryland "natural," or flems 23s or 28s-f show edical Examiner must be notified at	by	11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Toporoced	12. Was Decedent I Armed Forces? 1 Nes 2 Nes 12 Nes 15 Yes, Give Year or Dates:U	ło		cedent of pecify Cul	Hispanic Origin? (pen, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)		ca - American I ck, White, etc. v: White	
within ene. then	Completed	15. Decedent's I (Specify only highest g Elementary/Secondary (0-12)	College (1-4or 5	+)	Decedent's U (Give kind of life. DO NO)	work done use retin	during most of wo	orking		usiness/Industr	ту
I Hyg other	Be C	17. Father's Neme (First, Middle, Las			iouse r	arnte		ame (First, Middle,	Priv Maiden Suman		
ges 1 and 2 should be filed to f Health and Mental Hyg if item 27 is marked other or other traumetic event,	To B	Henry Smith					Helen	Taylor			
2 sho		19a. Informent's Name/Reletionship				ess (Stree	t and Number or F	Rural Route Numb	er, City or Town	State, Zip Coo	de)
lealth m 27 thar to		Charlotte Letto/S			inknown	lama of					
Demit. Pages 1 and 2 should be filed Deportment of Health and Mental Hygi Important: If Item 27 is merked other any Injury or other traumatic event.		1 Burial 2 Cremation 3 4 Donation 5 Other (Spec	(h) State rem	camete	f Disposition (f ry, crematory o	vame of or other pla	ace)	Date	20c, Location	City or Town,	State
permit. Pa Depertmen important: any injury.		21. Signeture of Funeral Service Lica Ronald S.	Warde Dire	ctor	State	Anat	ess of Facility Comy Boar Marylan		Baltim 01-1559	ore Str	eet
Physician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in death)		oscler Due to (or as a	The second second second		iovascu	lar Dis	sease		set and Death
g physicien end sthe buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	Due to (or as a	consequence o	of):					
ding physicise be	/Medical	Cause (Diseese or injury that initiated events resulting in death) Last	c	Due to (or as a o	consequenca o	f):					
e attending	Iclan	Part II. Other significent conditions	contributing to death bu	t not requision to	Abo undoduio		and a Bank I	005 014			
	by Physician/M	Tarin, other algrinosis conditions	Contributing to death bu	t not resulting in	the underlying	g cause gi	ven in Part I.		Yes 2 No	3 Probably	cause of death
hes been sig	Completed b							24a. Was perfo	an eutopsy med?	availab	utopsy findings le prior to tion of cause h?
pege	Cod							101	res 2 No	1 ☐ Ye	s 2 No
	810	25. Was case referred to medical examiner?	Hospital:			0		eth (Check only o			
al di	5	YYes 2□ No 27. Manner of Death	1 ☐ Inpatier	1 2 ER/Ou	tpatient 3□ I	DUA		Home 5 Resident	dence 6 Oth		
efter death. Director: After	Certification:	1 Natural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be	(Month, Day	Year) I	njury M		rk? Yes 2□No		Street and Numb		ute Number.
		* _ nomicide	building, etc.		death occurre	d at the ti	me, date and place	City or Tov		upper ac stated	
n 24 i	edical	(Check only one) 2 Medical Example one)	niner: On the basis of and manner stat	examination and	dor Investigation	on, in my	opinion, deeth occi	urred at the time,	date and placa,	and due to the	cause(s)
1	-	29b. Signature and title of certifier.	\ ~		2		e number		29d. Date signe		
1 -)		(2)			0.	C.M.E.		NOV. 0	3, 199	96
1 -		and the second s									
6	/	30. Name and address of person who Ann Dixon M.D	completed cause of de	ath (Item 23e) (Type, Print)		eet, Ba				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificat	te of	Death			Reg. No.			
г			1. Decedent's Name (First, Middle	, Last)							2. Date of De	ath		3. Time of Death	
	Physic /Medi		MARTHA		SCOTT						NOVEMB	ER 8 19	96	5:25 AM	
	Exami		4a. Facility Nama (If not institution, GREATER BALTIM)			TER				wn, or Lo	cation of Deat		y of Death	E	
	Funeral		5. Social Security Number	6. Sex	7. Aga (In yrs	s. last birthday,		r 1 Yaar	If Undar		8. Data of Bir (Month, Da	th	9. Birthp	lace (Stata or Foraig	
	Director		066-01-2950 Usual Residence of Decedent	1□M 2\\ F	79	Yrs.	Months	Days	Hours	Min.	Nov.11	, 1916	Wash	ington,D.	
	yland		10a. State 10b. County		10c. C	city, Town or L	ocation						10	Od. Inside City Limits	
	Mar Miled	tor	Maryland none			Balt:	imore							1 Nes 2 No	
	h with the	al Director	10e. Street and Number 6029 Hunt Ridg	e Road	·		10f. Zip	Coda 2121	2			10g. Citizan of U .	What Coun	try?	
020	filed within 72 hours after death with the Maryland Hygiene. Iffer than "natural", or items 23s or 28s-f show ont, the Medical Exercites must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Marrie 3 XWidowed 4 Divorced	12. Was Dece Armed Fo 1 ☐ Yas If Yes, Giv Year or Di	rces? 2 ⊈No ⁄e	U,S. 13.	Was Dece If Yas, spe	cify Cub	lispenic Origan, Mexican Specify:	oln? (Spe , Puerto			ce - Amaricack, White, of		
2-0	72 ho	ted	15. Decedent	s Education		18a. Dece	dant's Usu	al Occup	ation	of model	20	16b. Kind of Businass/Industry Art Middle, Maiden Sumama)			
Maryland 21215-0020	jena. r than "r	Completed						sa <i>retire</i>	d)	Art					
Pu	S is o	BeC	17. Father's Name (First, Middle, Last)						18. Mothe	r's Name	(First, Middle	, Maiden Suma	ma)		
Vlai		To	Harrison Franklin Fitts						Bessie Bryant						
Mar	25 E		19a. Informant's Name/Ralationsh Mrs. Sandra Sco		Daughte		ng Address illto	s (Streat p Ro	and Numberad-Wi	r or Aura 1son	Point	er, City or Town -South 1 06854	n, Stata, Zip Norwa]	Code) Lk, Conn.	
altimore,			20a. Method of Disposition 1 Burial 2 Cramation 4 Deponation 5 Other (Sp			Place of Dispo cematery, cre	osition (Name of the original	me of other pla	ce)		Date	20c. Location	- City or To	wn, State	
Balt	permit. Pages Department of Important: If it any injury or pnes		21. Signature of Juneral Service L Royald S.	Wade, dir	ector				omy Book Mary			Baltin 01-1559	more S	treet	
	Physician /Medicai Examiner	-	23a Fartt Enter the disease, or a nook, or heart failure. List of limited and cause (Final disease or condition resulting in death)	complications that conly one cause on e	STR		ter the mod	de of dyli				rrest,		Approximate interval Between Onset and Death	
x 68760,	certificate be axecuted inding physician and usa as the bural-transit	Medical Examiner	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	c	AF	(or as a consector as a consector)	quenca of):								
P.O. Bo	that tha death ce led by the attend detached for us	Physician	Part II. Other significant condition	ns contributing to de	eath but not re	sulting in the u	inderlying o	cause gh	en in Part f.			tobacco use co	ontribute to	the cause of death	
Records,	aw requires s been sign 2 should be	Completed by	à l									sn autopsy ormed?	ava	ore autopsy findings allable prior to appletion of cause death?	
<u> </u>	The ata h	COL									10	Yes 30 No	1 [Yes 2□ No	
Vital	ysiclan: The s certificata director, pag	Be (25. Was case referred to medical examiner?						26. Placa	of Death	(Check only	one)			
of	Physician: this certific ral director,	P	1 □ Yas No			☐ ER/Outpatie			4 LI NU	rsing Ho	me 5□Resi	dence 6 □Ot	her (Specify)	
	Ing Aftar	ation:	27. Manner of Death 1 Matural 5 Pending investigation	ation	of Injury th, Day Year)	28b. Tima o fnjury	of A	28c. fnju Wor 1 □	yat rk? Yas 2⊡!		28d. Describe	how injury occu	irred		
Division	tal or Attend rs after death ai Director: /	Certification:	3 Suicide 6 Could no datamin	ned 200. Place	of Injury - At I ng, etc. (Spec	home, farm, st	rael, factor	y, office			28f. Location (City or To		ber or Rura	I Route Number,	

Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

LUTHERVILLE, MD 21093

State Registrar 29a. Cartifiar (Check only one)

29b. Signature

31. Data filad (Month, Day, Year)

30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)

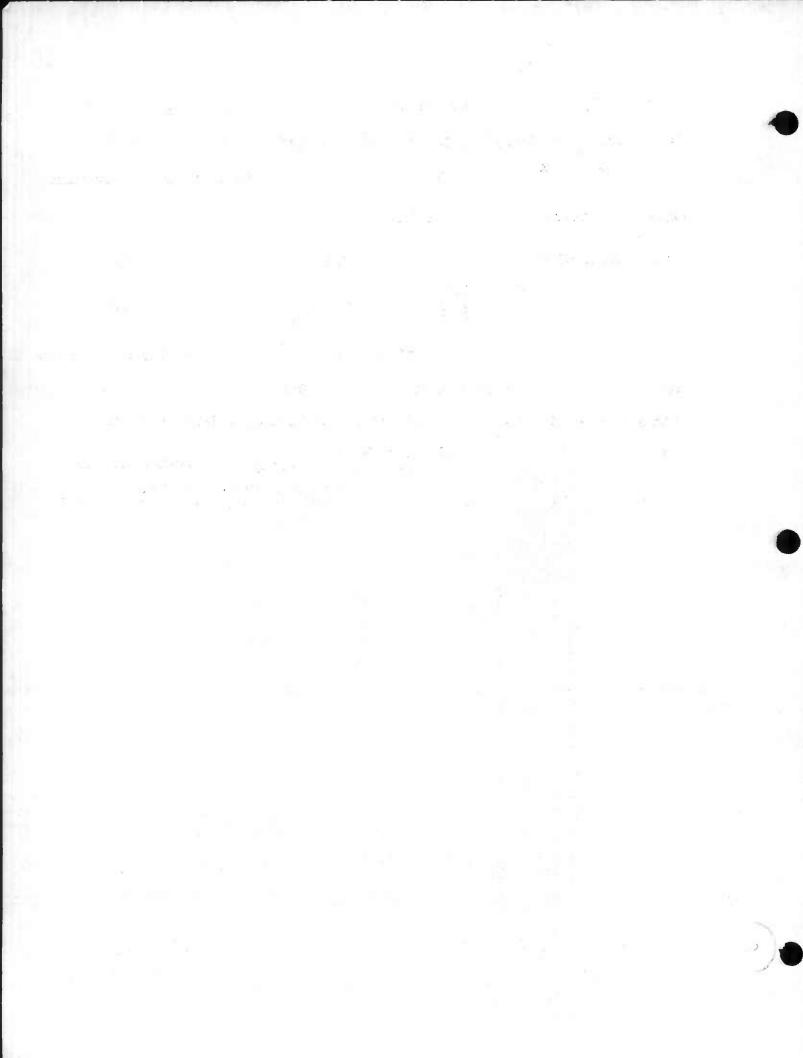
State of Maryland / Department of Health and Mental Hygiene

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						Certifica	ate of		.violitai 11y	Reg. No.	70	344	bU
	Physic	ian	1. Decedent's Name (First, Middle, Last)	1 1 0	- 1/	ale.			2. Dete of De Month	eth Dey	Yeer	3. Time of	Deeth
d	/Medi			Wiec	ZKUN	USKI		100	11	IS	96	20'4	C
r	Exami	ner	4e. Fecility Neme (If not institution, give stre	d .	111 1	11.5	2	4b. City, Town, or		4c. Count	y of Deeth	1	
L				Unrylan			der 1 Year	1700111	nore		NI	7	
ı	Funeral Director		5. Social Security Number 6. Sex 1213-28-2146	7. Age	(In yrs. lest b	Yrs. Month		If Under 24 Hrs Hours Min	(Month, De		9. Bírthp Cour	olece (Stete or ntry)	r Foreign
			Usuel Residence of Decedent		_68	117			Sept.	21 1928		Maryla	nd
	yland		10e. State 10b. County		10c. City, Tov	vn or Location					1	I0d. Inside Cit	ty Limits
	Mar	ģ	Maryland Baltimore		Dun	dalk						1 🗆 Yes	2√ No
	ter death with the Marylan items 23a or 28a-f show inst. must be notified at	Director	10e. Street end Number			10f.	Zip Code			10g. Citizen of	Whet Cour	ntry?	
	th wi	a	Fifth Avenue 6910				21222)		TT C	5.A.		
	r dea	Funeral	11. Maritel Status 12.	Was Decedent E Armed Forces?		13. Wes De	cedent of h	dispenic Origin? (S an, Mexican, Puer	Specify Yes or No	- 14. Re	ce - Americ		
20	0 0 5	by Fu	1 Never Married 2 Merried	1 X Yes 2 □ N If Yes, Give			Q □ No	Specify:	, , , , , ,	Specil		010.	
00	"natural",	D D	3 ☑ Widowed 4 □ Divorced	Yeer or Detes:	1956						Whi.		
15	in 72	Completed	15. Decadent's Educat (Specify only highest grede of	om <i>pleted)</i>	166	Decadent's U (Give kind of life. DO NO)	work done	during most of wo	rking	16b. Kind of B	iusiness/inc	dustry	
212	iene.	E	Elementery/Secondery (0-12)	College (1-4or 5-	+)	Electr				Smol+	ing s	Refine	027
P	be filed Ital Hygid d other	BeC	17. Fether's Neme (First, Middle, Lest)			niccu	rear	18. Mother's Na	me (First, Middle,			TOPLITIE	CT.Y
Maryland 21215-0020		ToB	Martin	Swied	zkowsk	i		Mary			Kosel	k	
an	d 2 should th end Mer 7 is merke traumatic		19a. Informent's Name/Relationship (Type,	Print)	19	b. Meiling Addre	ess (Street	end Number or R	ural Route Numb	er, City or Town	, Stete, Zip	Code)	
	도급이노		Edwin Swieczkowski (Son)	4	7' Stre	et 65	55 Baltim	ore, Mai	ryland :	21224		
Baltimore,	Some		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State	20b. Piece o	of Disposition (A by, cremetory of Cross P	Verne of or other pla	ce)	Dete	20c. Location	- City or To	wn, Stete	
Ë			4 Donetion 5 □ Other (Specify)	oval il dill Otato	Matio	nal Cat	h	Novembe	20	Dundall	k, Ma	ryland	
Sall	permit. Pe Departmer Important: any injury		21. Signature of Fugeral Service Licenses	\bigcirc	//	22. Name	end Addre	Novembers of Fecility vski/Choj	nagki E				
	00740		Mark MA	Louis	K_	1005	Dani	7	D - 7		• rvlan	d 2122	4
			23a. Fart1. Enter the disease, or complicate shock, or heart feilure. List only one of	one that caused	the death. Do	not enter the m	ode of dyir	ng, such es cardia	or respiretory e	rrest,		Approximete Intervel Betw	Э
	Physician			1. 1.	1	11.						Onset and D	Deeth
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	tracere	nrul	1461	MOY	rhage				24 he	curs
		er	,	7	Due to (or as e	consequence	of):	0 L				24 he	
	uted d ansit	edical Examiner	b	Cereb	rue	11/	TUY					a vie	rurs
o,	exec in an	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury c		Due to (or es e	consequence o	01):						
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P. O.	The law requires that the death ce ate has been signed by the ettendi page 2 should be deteched for use		atrial Elbril	ation	WILL	vina 1	while	aculation	10	Yes 2□ No	3 Prot	pably 4)X(L	Unknown
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o	ding h. Alter	tlor	1 Neturel 5 ☐ Pending investigation	8e. Dete of Injury (Month, Day	Year)	injury M	28c. Injur Wor	k? Yes 2 □ No	200. D0001100 1	iow injury cocon	100		
Division of Vital Records,	or Attending Physiolen: after death. Director: After this certific i in by the funeral director,	flea	3 Suicide 6 Could not be	8e. Piace of Injur	ry - At home, fa	ırm, street, fect				Street end Numb	ber or Rura	l Route Numb	ber,
á	を報告が	Certification:	4 Homicide	building, etc.	(Specify)				City or Tov	vn, Stete)			
	ospital hours uneral		29a. Certifier (Check only 2 Medical Examiner:	n: To the best of	my knowledge	, death occurre	ed et the tin	ne, date end plece	, end due to the	cause(s) end m	enner es st	eted.	
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1	2 2 2 8	Σ	29b. Signature and title of certifier	.(11.	2	9c. Licens	e number		29d. Dete signe	*	Dey, Year)	
H	0		Mund	5	100-		PID	036		11/15/	96		
'		Î	30. Neme and eddress of person who comp			(Type, Print)						12.	
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	Sta Registr		NOV I 8 1996 Suk	a Davidson	Candell			*					

DHMH 16 Rev 6/95

12+VA



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last)-2. Dete of Death 3. Time of Death 35 AM 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth 1+, more INAI 7. Age (In yrs. last birthday) If Under 1 Yeer Months Deys 6. 9ex 10 M 2□ F 5. Sociei Security Number If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Country) Hours 237.36.4952 Yrs. Usual Residence of Decedent 10e. Stete 10b. County City, Town or Location 10d. Inside City Limits md NA 1 Yes 2 No MORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? PHIN STREE 2/2/ 501 UZA 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, spacify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Meritei Stetus Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 XNo Specify. 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) ABORER coth 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) WIGGINS EDWARD SUJAIFLOS (19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Boute Number, City or Town, Stete, Zip Code) DRENDA SHIELDS-, STRICKER DIKTO. WD 51511 20b. Plece of Disposition (Name of cemetery, gremetory or other plece) 20s. Location - City or Town, Stete 20a. Method of Disposition Dete 1 Burlel 2 □ Cremetion 3 □ Removel from State 11.50.96 4 ☐ Donetion 5 ☐ Other (Specify) Kmorcal TARK LANDALCSTOND 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility FUDGRA ARCh 23e. Pert1. Enter the dheese, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart it if re. List only one cause on each line. Are. 21215 Approximete Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) acute Due to (or es e consequence of) hero selento Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Venti Lator depend Due to (or es e consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings evellable prior to completion of cause of death? 24e. Wes an eutopsy performed? malnumbon 1□ Yes 2□ No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2□ No 1⊡Inpatient 2□ER/Outpetient 3□ DOA

Physician /Medical Examiner

Physician /Medical

Examiner

Funeral

Director

r 28a-f show

Directo

Funeral

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Completed

the Marylend

permit. Pages 1 and 2 should be filled within 72 hours after death with a Department of Health and Mentel Hygiene. Innportant: if item 27 is marked other than "natural, or items 23s or 21 any injury or other traumatic event, the Madical Control ones."

Examiner Physician/Medical p Completed

Be

2

ication:

27. Menner of Deeth

1 Natural

2 Accident

4 Homicide

29b. Signeture end title of certifier

Longuelle

3 Sulcide

29e. Certifier

physician and s the burial-transit Division of Vitai Records, P.O. Box 68760, USB been signed by the s should be detached certificate anding Physician: funeral director, After this

OF OF

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Beforder h 2434 31. Dete filed (Month, Dev. Year) NOV 18 1996

5 Pending investigation

6 Could not be determined

Jun

28a. Dete of Injury (Month, Dey Year)

home

28b. Time of

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury et Work?

28d. Describe how Injury occurred 1 Yes 2 No 28f. Location (Street end Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, dete and plece, end due to the cause(s) end menner steted.

1956

29c. License number 29d. Dete signed (Month, Dey, Year)

D: 44907 NOV CONSVEL

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B.K.S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f State of Maryland / Department of Health and Mental Hygiene
PER MED FILM G-741 11/22/96 t.t

				30 000		Cei	tificate	of Death		Reg. No.	0 0	4402
	Physic /Medi		Decedant's Nama (First, Middla MICHAEL		ICZUI	<			2. Data of D Month NOV .	Death Day	Yaar 1996	3. Tima of Death
V	Exami		4a. Fecility Nama (If not institution, 2112 BANK ST	give street and numbar REET	רו			4b. City, Town, 6 BALT I	or Location of Dec		ty of Death	2,001
	Funeral Director		5. Social Sacurity Number 219–50–1683 Usual Rasidance of Dacadant	6. Sax 7. A	ga (In yrs. 48	. last birthday) Yrs.	If Undar 1 Y	Year If Undar 24 H Pays Hours M		Sirth Day, Yeer) 1948	9. Birthpla Countr Germa	ice (State or Foraign y) NY
- Propos	M W		10a. State 10b. County		10c. C	ity, Town or Lo	cation				10	d. Insida City Limits
Mar	a part	to	Maryland N/A			Balt:	imore					YYes 2□No
ath with th	23a or 28 sunt be no	ral Directo	100. Straat and Number 2112 Bank Stree				10f. Zip Co	da 1231		10g. Citizan of U.S.A		y? .
72 hours after death with the Mandand	"naturel", or flems 23a or 28a-f show	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Marrie 3 □ Widowad 4 ☒ Divorced	12. Was Deceden Armed Forcas d 1 ☐ Yas 2 It Yas, Give Year or Datas:	? No	1	Vas Decedan Yas, specify I□Yas 2□	t of Hispanic Origin? Cuban, Maxican, Pu (No Specify:	(Specify Yas or Narto Rican, atc.)	Ble	ice - America ack, Whita, et ity: Whit	ic.
within	than	Completed	15. Decedant' (Spacify only highasi Elementary/Secondery (0-12)	Education grada complated) College (1-4or	5+)	(Giva	OO NOT use r	lone during most of w	vorking	16b. Kind of 8	Business/Indu	stry
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should b	Mental arksd o	To	Teodor Sawczuk					Maria	Fetrowic	Z		
2 sho	end s m		19a. Intorment's Name/Ralationsh					traat and Number or			n, Stata, Zip C	oda)
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Ę.	Departmentimportant: any injury		4 ☐ Donation 5 ☐ Other (Sp. 21. Signature of Funeral Service L		Duc				1			_
шеа	Department of Heal Important: If Item 2 any injury or other once.		Kathlee	D Wille	u	- 40	01 S. C	ddrass of Facility D Chester St	. Baltim	ore, Md	uneral 21231	Home
1	nysician Medical xaminer		234. Pan Lenter the disaasa, or of shock, or haert tailure. List of Immadiata Cause (Final disaasa or opndition	omplications that cause nly ona cause on aach l			ar tha mode of	dying, such as card	iac or respiratory	errast,		Approximata ntervel Batwaan Onsat and Death
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executed	g physician end as the burai-transit	Examiner	Saquentially list conditions, if any, laading to immadiata cause. Entar Undarlying	b	Dua to (d	or as e conseq	uenca of):					
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death c												
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s the	igned be dete	by P							- 1	Yes 2□No	3 Proba	bly 4 Unknow
law requires thet the	has been sig	Completed t							24a. We per	s an autopsy formed?	evail	a autopsy tindings ebla prior to pletion of cause eath?
The	page	Co							1)	Yes 2□No	12	Yas 2□ No
Physician:	certificate rector, pa	Be	25. Was case retarred to medical axaminar?	11					eath (Check only	ona)		
Physi	din	5	1(X(Yas 2□ No	Hospital:		ER/Outpatient			Home 5 ARas			
ignit	Affar furter	lo	27. Mannar of Death 1 ☐ Natural 5 ☐ Panding	28a. Data ot Inju (Month, Da		FOUNDY	28c.	Injury at Work?		how injury occu	rred	
or Menc	Director.	Certification:	2 ☐ Accidant Invastiga 3 ☐ Sulcide 6XXCould no 4 ☐ Horniclde datarmin	be con Blace of In		ome, ferm, stra		1 ☐ Yas 2XXNo		(Street and Num own, Steta) 21		Touta Number, STREET
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To III	within To the compl	Me	29b. Signatura and title of certifiar					cansa number		29d. Data signe		
	7	-	20 Newdow	U. Rino	bur	2		.C.M.E		NOV.	14,	1996
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State Registrar

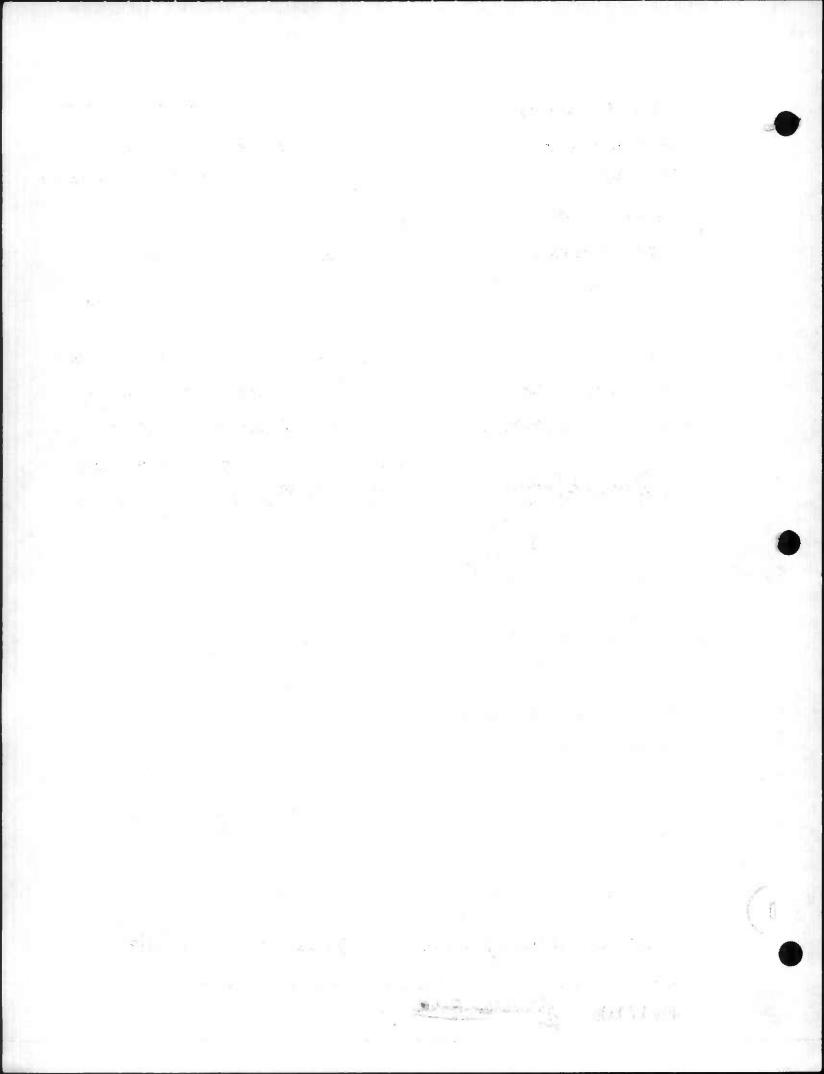
31. Date tiled (Month, Day, Year)



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State of Maryland / Department of Health and Mental Hygiene 96 34463

					Certific	cate of	Death		Re	g. No.			
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Physician /Medical		MARJORIE	ETDELMAN	SCH	CHWARZ			No		. 1996	Year	8:05 AM	
Exami		4a. Fecility Name (If not institution					4b. City, Tow	n, or Location		1	y of Death	10.05 111	
		4437 Wickford	Road				Ral+	imore			NT/A		
Funeral		5. Social Security Number	6. Sex 7.	. Age (In yrs. lasi		Inder 1 Year	If Under 2	imore 4 Hrs. 8. Da	te of Birth	Vacati	9. Birth	place (State or Foreign	
Director		219-30-1636	1□ M 217 F	62	Yrs.	nths Days	Hours		onth, Day,				
p.		Usuel Residence of Decedent						, Juli	June 28,1934 Pennsylvania				
72 hours efter death with the Meryland netural; or Items 23e or 28e-f show disal Examiner must be notified at	_	10e. State 10b. County		10c. City, T	Town or Location	1					-	10d. Inside City Limits	
Ba-f	cto	Maryland N/A Baltimore										1 Yes 2 No	
00.0	Dire	10e. Street and Number		10f. Zip Code					g. Citizen of	What Cou	ntry?		
138 148 148	la la	4437 Wickford		21210					US	A			
items in the second	Funeral Director	11. Marital Status	12. Was Deceder	ent Ever In U,S.	13. Was D	Decedent of	Hispanic Origi cen, Mexicen,	n? (Specify Ye	es or No-		ce - Ameri	cen Indien,	
or it		1 Never Married 2 Mar	ried 1 ☐ Yes 2	X No		es 21 No		r donto rilouri,	0.0.,				
"netural", edical Exa	d by	3 Widowed 4 Divorced	Year or Date			2X10	ороспу.			Specil	y: \	White	
disa	etec	15. Deceder (Specify only highe	it's Education st grade completed)	1	6a. Decedent's	Usual Occu	pation	of working	1	6b. Kind of B	usiness/in	dustry	
	Completed	Elementary/Secondary (0-12)	College (1-4	for 5+)	life. DO No	OT use retire	during most o						
other than vant, the N		12th			Office	Manag			Real Estate Agency				
o d	Be	17. Father's Name (First, Middle,	,				18. Mother's	s Neme (First,	Middle, M	aiden Sumar	ne)		
marked of	2	Frank Edward						zabeth			hilli		
E E		19a. informant's Name/Relations	ship (Type, Print)		19b. Malling Add	dress (Stree	t and Number	or Rural Route	e Number,	City or Town	, State, Zip	Code)	
N b		John L. Schwar	z (Husband		4437 Wi	ckfor	d Road	, Balti	more.	Marv	land		
5 = 5		20a. Method of Disposition 1 □ Burial 2 □ Cremation	2 Domousi from St	20b. Plece	e of Disposition etery, crematory	(Name of		Date	2	Oc. Locetion	- City or To	own, Stete	
ant: If ite		4 Donation 5 Other (S			wood Ce	motor	•	11 /1/	E /OK 1]	11.	M1 1	
Important: I any injury o		21. Signature of Funeral Section		Lala	22. Nam	ne and Addr	ess of Facility	L L / L :	1/90 1	arkvi.	rie,	Maryland	
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787		Martin D. Lawson 6500 York Road, Baltimore, Maryland 21212 23a. Pertl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
/sician		shock, or heart fallure. List only one cause on each line. Applyatinate intervel Between Onset end Death											
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ped	ပ္ပ								1 ☐ Yes	2 1 No	1[☐Yes 2☐ No	
is certificate director, peg	Be (25. Was cese referred to medical exeminer?					26. Place o	f Deeth (Chec	k only one)			
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the fur	atic	1 ☐ Matural 5 ☐ Pendin 2 ☐ Accident investig	9	- ay . our/	M		Yes 2 □ No						
or Attending effer death. Director: After 3 in by the fune	tific	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ined 286. Piece of	Injury - At home,	, farm, street, fa	ctory, office		28f. Loc	cation (Stre	et and Num!	ber or Rura	A Route Number,	
ed in	Certification:	/	ounding,	, etc. (Specify)				City	y or Town,	Jiaie)			
To the Funeral Dir completely filled in		29a. Certifier 12 Certifyin	g Phyelclan: To the be	est of my knowled	ige, death occur	red at the ti	me, date and p	place, and due	to the cau	ise(s) end m	enner as s	tated.	
oletel	edical	(Check only 2 Medical I	Examiner: On the basis end manner	s of examination	and/or Investiga	ition, In my	opinion, death	occurred at th	e time, dat	e and place,	and due to	the cause(s)	
To th	Ž	29b. Signature end title of certifier				29c. Licens	se number		290	d. Dete signe	d (Month,	Day, Year)	
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4		30. Name and address of person				-				04 =			
V		Donald Wegleir 31. Date filed (Month, Day, Year)	1, M.D., 22	U W. CO.	Id Spri	ng Lar	ne, Bal	timore	, MD	21210			
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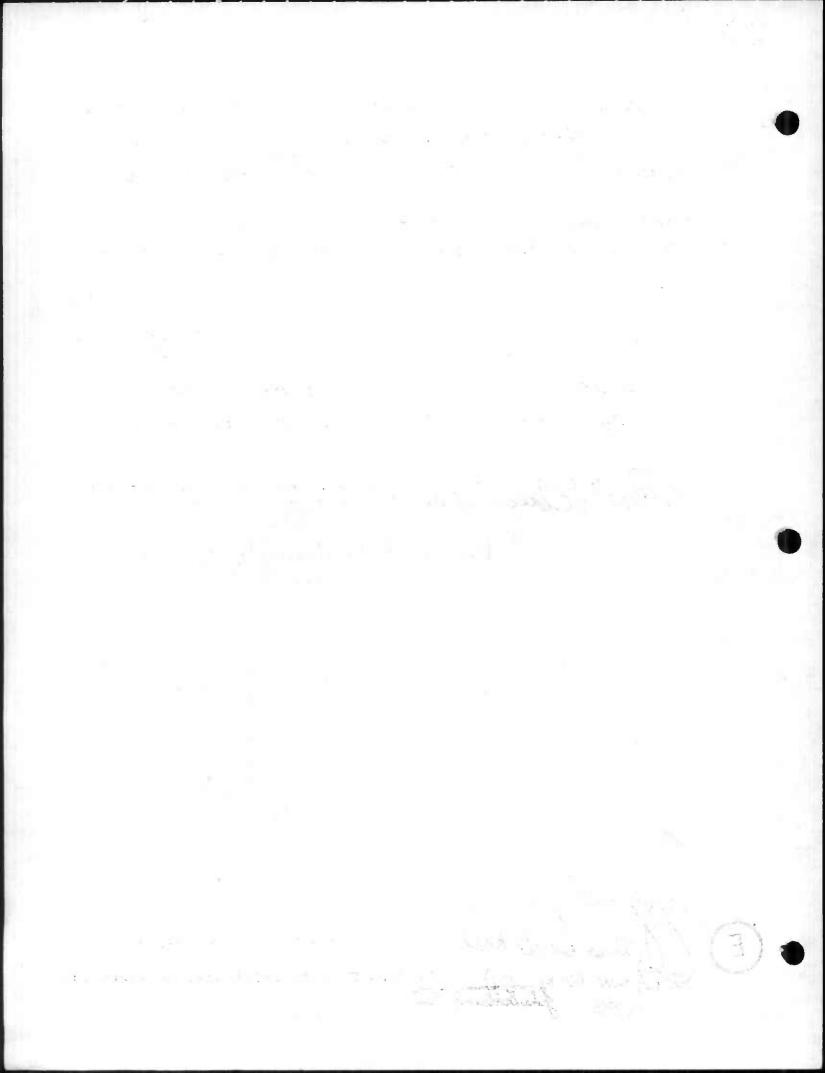
State of Maryland / Department of Health and Mental Hygiene 96 34464

					yiaiia i	Certifica		Death		Reg. No.))	4404	
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	/Medi		Mary Carolyn						Nov.	15, 19		8:15pm	
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	Funeral Director			. D	'In yrs. lest bi	Yrs. Month			Month, De	5,1941	9. Birthp Coun	lece (Stete or Foreign try) Carolina	
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	Man	jo	Md. N/A		E	Baltimo	ore					1 X Yes 2 □ No	
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21215-0020 d within 72 hours effer deet glene. or then "neturel; or flems; in Mexical Examene ms.	n 72 hours effer deeth with the Maryland "natural", or items 23a or 28a-f show exical Examiner must be notified at	by	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:			ecedent of Hispanic Origin? (Specify Yee or No- specify Cuben, Mexican, Puerto Rican, etc.) es 2 X No Specify:			14. Reca - American Indles Bleck, White, etc. Specify:White			
5	72 h matu	etec	15. Decedent's E (Specify only highest gra	ducation	pleted) 16a. Decedent's Usuel (Give kind of work life. DO NOT use			pation during most of wo	rkina	16b. Kind of Bu	usiness/Inc	Justry	
121	within ene. then "	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5+)									
7	her t	ပိ	8 yrs. 17. Fether's Neme (First, Middle, Last			Cate	rer	10 Matheda Ne	me (First, Middle,	Harbor		≥W	
Maryland	od of od od od od od	Be c		,							10)		
2	thoule ad Me mark matic	70	Rudolph Brigman Pauline Lewis 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Z								Stata Zin	Code	
	l and 2 s lealth er m 27 is her trau		Susan Saracer	10	3	3405 K	reit	ler Rd.	Forest	Hill	Md.	21050	
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, in a Monce.		20e. Method of Disposition 1 ☑ Burlei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specil	Removel from Stete	Oak	of Disposition (Napy, cremetory of Lawn C	em.		1 –1 8	20c. Location - Balti	more		
Bal	permit Depart Import any in		21. Signeture of Funeral San too Loo	20		22. Name C0	end Addr Onne 110	ess of Fecility lly Fun Sollers	eral Ho	me Of Rd. 21	Dund 222	lalk	
			23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between										
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	execu n and el-tra	Exal	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events								i		
68760,	tificate be executed g physician and es the buriel-transit	edical	Cause (Diseese or injury thet initieted events				1						
9	ificat g phy es th	8	resulting in deeth) Lest										
Box	andin use	2		d							-		
œ.	deeth e ette	icia	Pert ii. Other significant conditions of	ontributing to death but r	not resulting	in the underlying	a cause d	ven in Pert i	23b. Did t	obacco uea coi	ntribute to	the cause of death?	
P. 0.	thet the deeth cert ed by the ettendin deteched for use	Physician/N	•	•		, , , , , , , , , , , , , , , , , , , ,			1 (2)(bebly 4 Unknown	
Ś	es the	by											
ecorc	The lew requires that the death cer ate has been signed by the ettendir page 2 should be deteched for use	Completed								en eutopsy med?	ave	ere eutopsy findings eilable prior to mpletion of cause death?	
<u> </u>	ysician: The lis certificate he director, page	EO.							1 🗆 Y	es 200 No	10	Yes 22No	
Ita	iclan: The certificate rector, pag	Be (25. Wes case referred to medical exeminer?					26. Place of De	eth (Check only o	ne)			
7	Physic this ce al dire	2	1 ☐ Yes 21 No	Hospitel: 1 ☐ inpatient	2□ ER/O	utpatieni 3	DUA		lome 5 Resid	lence 8 🗆 Oth	er (Specif)	r)	
ion	Attending Physician: or death. ector: After this certific by the funeral director,	ation:	27. Menner of Death 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Dey Y		Time of Injury M		28d. Describe how injury occurred Work? 1 ☐ Yes 2 ☐ No					
Division of Vital Records,	1240	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Plece of injury building, etc. (- At home, for Specify)	erm, street, fect	octory, office 28f. Location (Street end Number of City or Town, State)			er or Rura	l Route Number,		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical (29a. Certifier 1 Certifying Ph (Check only one) 2 Madical Exam	ysician: To the best of miner: On the basis of exent menner stated	aminetion er	e, deeth occurre nd/or investigetie	ed et the ti on, in my	It the time, dete end plece, and due to the cause(s) and men in my opinion, deeth occurred et the time, dete end plece, er			enner as st end due to	eted. the cause(s)	
	withii To th	M	29b. Signeture end title of cartifier			2	9c. Licen	se number		29d. Date signed (Month, Day, Year)			
١			hillm				DE	18409		11/18	196		
			30. Neme end eddress of person who										
			WILLIAM SHARFTA	IN 4940	Este	~ Ave	B	altimore,	Md, 2	1224			
	Sta		31. Dete filed (Month, Day, Yeer) NOV 18 1996	32. Registrars	Signeture	Pende 82		,					
	Registr	ar	MON TO 1220	d	Carried and	-							

DHMH 16 Rav 6/95

		Dacadant's Name (First, Middle, Las	t)	Cen	ificate of	Death	2. Date of D	Reg. No.		3. Time of Death		
hysicia /Medic		MILDRED		TAYL	OR		Month NOV.		1996	1143AM		
Examin		4a. Facility Nema (If not institution, give 524 NORTH CHAR	,	T APT. #	1203	4b. City, Town, or BALTIN	or Location of Deeth 4c. County of Death					
ineral rector		Social Sacurity Number 6. Sa	x 7. Aga (In	yrs. last birthday)	If Undar 1 Yea Months Days	r If Undar 24 Hrs	8. Date of B	irth lay, Year)	9. Birthple Count Maryl	ece (Stata or Fore and		
at at		10a. Stata 10b. County	100	c. City, Town or Loca	ation				10	d. Inside City Lim		
palified	ctor	Maryland none		Baltimor	·e_					1 ¥ Yes 2□		
at be no	al Director	10e. Straat and Number 524 N. Charles St	reet-Apt.#1	203	10f. Zip Coda 212	201		10g. Citizan o	f What Count	ry?		
idical Examiner must be notified at	by Funeral	11. Maritel Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Evar Armed Forcas? 1 Yes 2 No If Yas, Giva Yaar or Datas:	If Y		s Decedant of Hispenic Origin? (Sp as, specify Cuben, Maxicen, Puarto Yas 2⊠ No <i>Specify:</i>		o- 14. R B	ece - Amarice lack, White, e			
MAKAR.	Completed	15. Decedant's Edi (Specify only highest grad Elementery/Secondary (0-12)	16a. Deceda (Giva kii lifa. Do Nur	nd of work done NOT use retire	s Usual Occupation of work dona during most of working (OT use retired) 16b. Kind of Businass/Industry The Johns Hopki Hospital							
	Be	17. Fethar's Nama (First, Middla, Last)				18. Mothar's Na	ma (First, Middle	a, Maidan Sumi	ama)			
dello	2	John Lee Taylor					Evlon .					
tract		19e. Informant's Name/Ralationship (7) Sharon TRaylor /N				t and Number or A						
injury or other traumetic event, the Mi 8.		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Crametion 3 ☐ F 4 ☐ Onation 5 ☐ Other (Specify)	Ramoval from State	Db. Placa of Disposit cematary, crame		reet-Ale	Dete		11a 2 1 - City or Tow	22302 vn, Stata		
any inj	21. Signatura of Funaral Sarvice Licensee Conald S. Wade, Director State Anatomy Board-655 W. Balt 1/1 3/3/2 Baltimore, Maryland 21201-1559											
as the bur	Medical Examiner	Immadiata Cause (Final disease or condition resulting in death) Saquantially list conditions, if any, leading to immadiata ceusa. Enter Undartying Causa (Disease or injury thet initiated events resulting in deeth) Last	b. — Dua t	to (or as a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequant to (or a consequan	ince of):	LOURSCO	Ma- 10)lsea	50			
dached for use as	Physician/M	Part II. Other significant conditions con	iven in Part I.	23b. Dld	tobecco use c	ontribute to t	the cause of dea					
9	by Phy						10	Yes 2□ No	3 Probe	ably 4 Unknown		
page 2 should	Completed						24a. Was	an autopsy ormed?	evei	a autopsy finding leble prior to pletion of cause eath?		
	Be C	25. Was cesa referrad to medical				OC Place of De	ath (Charles and	Yas 2□No	1/2	Yas 2 No		
ub i	0	27. Mannar of Death Netural 5 Panding	lospital: 1 Inpatient 28a. Date of Injury (Month, Day Yea	2 ER/Outpetiant 28b. Tima of Injury	28c. Inju	28c. Injury at Work? 28d. Dascribe how injury occurred						
	Certification:	Accident Invastigation M 1 Yas 2 No						28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)				
- 1	edical	29a. Certifier 1 Certifying Physician 2XI Medical Examin	sician: To the bast of my ner: On the basis of axen and mennar stated.	knowledge, daath or nination end/or invas	ocurred at tha ti	ma, data and place opinion, daath occu	, and dua to tha irred at the tima,	causa(s) and n data and place	nanner es ste , end dua to t	tad. ha causa(s)		
=	-	29b. Algnature and title of certifier	rland		29c. Licens	sa number		29d. Dete sign	ed (Month, D			
ン	1	O. Name and address of person who co	mpleted cause of death (them 23a) (Type, Pri 111 , P.e.	nt) nn Str	eet, Ba	ltimor	e. Mar	wland	21201		

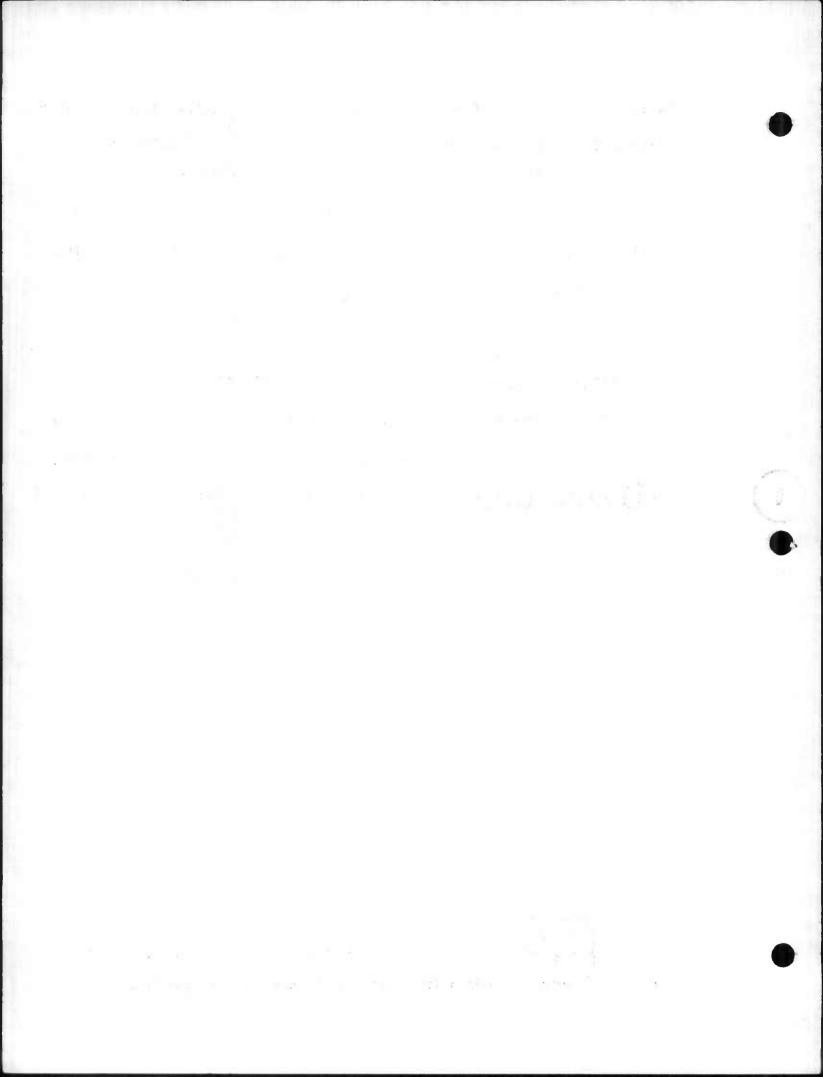
Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene 96 34466

				otato ot maryio		Certifica		Death		Reg. No.) (44) ()	
	Physis	ion	1. Decedent's Neme (First, Middle, Las	it)					2. Dete of Da Month		Yeer	3. Time o	of Deeth	
	Physici /Medi		Dennis E.	TRUST	Y	9	Sr.		Novemb	er 12,19	196	3:50	P.M.	
	Exami		4e. Facility Nama (If not institution, give	street end number)				4b. City, Town, or	Location of Deat	4c. County	of Death			
			Franklin Square H		er			n/a		Baltin	nore			
١	Funeral Director			ax 7. Aga (In yr	4 -	rs. If Unc	dar 1 Yaar s Days		8. Data of Bir	1 th 1 ^{Year)} , 195	9. Birthpl	lace (Steta	o <i>r Foreig</i> n	
	pue .		Usuel Residence of Decedent 10a. State 10b. County	100 (City Town	or Location						Od. Inside C	No. of the state	
	e Maryle	ctor		n/a	ony, rown	BALTI	MORI	E					2 No	
	ath with the 23a or 23 and 25	Funeral Director	10e. Street and Number 5761 UTRECH		10f. Zip Code 21206				UNITED S			STATES		
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylend Department of Heelth end Mental Hygiane. Important; if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, if a Medical Examiner must be notified at once.	by	11. Meritel Stetus 1 □ Navar Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Evar in Armed Forces? 1 ☐ Yes A☐No if Yes, Give Yaer or Detes:	U,S.		cedent of hoseify Cub	Hispanic Origin? (S en, Mexican, Puer Specify:	Specify Yes or No to Rican, atc.)	Specify	e - America k, Whita, e			
21215-0020	within 72 h iane. than "natu ca Modical	Completed				6e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) SUPERVISOR 16b. Kind of Business/Indust BALTIMORE WATER & WATER					E CI	TY DEP		
Maryland 2	uld be filed fental Hygirked other tic event, I	To Be Co	17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maidan Surneme) DEDMADETTE TOUCT								(e)			
	nd 2 should be strong to the s		19a. Informent's Neme/Reletionship (7 ARNETTO T	Type, Pnint) RUSTY	19b.	Malling Addre	ess (Street	rend Number or Ri RECHT R	u <i>ral Route N</i> um <i>b</i>	er, City or Town, _TIMORE	Stete, Zip	e, <i>Zip Code)</i> MD 21206		
imore,	Pages 1 a ant of Her nt: If Item ry or othe		20e. Method of Disposition 1 □X B*\(\text{SY}\) riel 2 □ Crametion 3 □ 4 □\(\text{Openetion}\) 5 □ Other (Specify	Removel from State	Placa of cemetery	Dispositton (A	leme of r othar ple		Dete	20c. Location -		wn, Stete	_ CO	
Ball	Departm Departm any Inju		21. Signature of Funeral Service Licen				end Addre	ess of Fecility		E. NO	RTH	AVEN	NUE	
			23e. Pert 1. Enter the disaese, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart feiture. List only one cause on each line.											
	Physician /Medical		Immediate Cause (Final disaasa or condition								4	Intervet Be Onset end	Deeth	
	Examiner		resulting in deeth)	a Cerebral (1		onsequenca o					14	o nou	IIS	
V	p =	ner		Hypertensio							1			
	death certificate be executed ettending physician and of for use es the burial-trensit	am	Sequentially list conditions, if eny, teeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Dua to (or es e consequenca of): Dua to (or es e consequenca of): d. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Cardi omy opathy (dilated) Cardi omy opathy (dilated)											
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68760,	ohysic the b	dica												
	artific ding p	Me		d										
Вох	ath c	ian		U .										
o		ysic	Part II. Other significant conditions co	ntributing to death but not re	esulting In	the underlying	g cause gi	ven in Pert I.	23b. Dld	tobacco use cor	itribute to	the cause	of death?	
Ω.	that the death certificata be executed ed by the ettending physician and deteched for usa es the burial-trensit											ably 4	Unknown	
Records,	requires	Completed by								en eutopsy ermed?	cor	ere autopsy eilable prior mpletion of deeth?	to	
æ	0 - 0	E							10	Yas 20 No	10]Yas 2□] No	
Vital	Iclan: The certificate rector, peg	Be C	25. Was case referred to medical					26. Plece of De	eth (Check only o					
f V	S 00	To	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient 2	☐ ER/Out	patient 3 !	DOA Ot	her	foma 5 ☐ Rasi		ar (Specify	1)		
n of	g Ph ter th		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Yeer)	28b. Ti	me of jury	28c. Inju Wo	ry at	28d. Describe	how injury occurr	ed			
Sio	Attending ir death. ector: Afte by the fune	atic	2 Accident investigation		-	M		Yes 2 □ No						
Division	To the Hospital or Attending Pwithin 24 hours after death. To the Funeral Director: After the completely filled in by the funera	Certification:	3 Suicide 4 Homicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number of Street) 28f. Location (Street end Number or Rural Route Number of Town, Stete)									n <i>ber</i> ,		
	Hospital or 24 hours afte Funeral Dir ataly filled in	edical	29e. Certifier (Check only one) 1X Certifying Phy 2 Medical Exam	reiclen: To the best of my kr iner: On the basis of examir and menner steted.	nowledge, netion end	deeth occurre or investigetie	ed et the ti	me, date end ptece optnion, deeth occu	e, and due to the urred et the time,	ceuse(s) and me date end place, a	nner es st	eted. the cause((s)	
	To the within 2 To the compla	Me	29b. Signetura end title ovcertifie	/ Stoled.		2	9c. Licens	se number		29d. Dete signed	(Month, I	Dey, Year)		
	- s - ö		V 01./	D.O.			R D	2104						
	1		30. Neme end eddress of person who d		em 23e) /1	vpe, Print)	K D	4104		November	14,	1996		
			Dr. alan Ackerma				Dr.	Baltimore	e, Maryl	and 2123	37			
	Sta	te	31. Data filad (Month, Dey, Year)	Huna Daurdson-Han	netura									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** BRACEY CAKRIE TURNER 4c. County of Deeth /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If,not institution, give street end number, **Examiner** # Months Deys Hours Min.

Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

SEPT. 12, 1947

ARYLAND BON SECOURS HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** 1□M 2XF Months Deys 212-48-2310 49 Yrs. Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 Yes 2 □ No Director BALTIHORE 101. Zip Code MARYLAND 10e. Street end Number 10g. Citizen of Whet Country? 2251 W. BALTIMORE STREET 234 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. traumatic event, the Medical Examiner 1 Never Married 2 Married 21215-0020 ò 1 ☐ Yes 2 🛣 No Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 'natural', Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mentel Hygiene. Important: If fem 27 is marked other than "na any injury or other traumatic event once. Elementery/Secondary (0-12) College (1-4or 5+) UNKNOWN HOMEMAKER OWN HOME Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) CHARLES BRACEY CORRINE 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) TACKSON JR. (BROTHER) 2351 W. BALTIMORE ST. BALTIMORE, MD. 21223
ion Dete 20c. Location - City or Town, Stete CHARLES Baltimore, 20a. Method of Disposition

1 ABurial 2 Cremation 3 Removal from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) GARRISON FOREST CENETERY 11-19-96 OWINGS MILLS, MD, 4☐Depation 5 ☐Other (Specify) 22. Name end Address of Fecility

22. Name end Address of Fecility

30 SEPH H. BROWN JR. FUNERAL HOME, P.A.

2140 N. FULTON AVE. BALTIMORE, MD. 21217

List only one ceuse on eech line.

Approximate

Approximate **Physician** e. CRY A TO CO CCAL MENIN 6 1 7 15

Due to (or es e consequence of):

PNEUMONIA /Medical Immediate Ceuse (Final ACUTE diseese or condition resulting in deeth) Examiner *CUTF Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest and ANTO IMMUNE DEFICIENCY SYNOROME

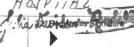
Due to (or es e consequence of): sion of Vital Records, P.O. Box 68760. ettending physicien Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate hes been signed by pege 2 should be detec DEPENDENCE 1 Yes 2 No 3 Probably 4 Unknown ARUG þ ALCOHOLISM Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 17 No 1 ☐ Yes 2 ☐ No Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetlent 3 DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 Affor this 27. Manper of Deeth Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Meturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 12 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) lone V. mighter, mo 014949 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

BON SECOUNS HOSPITAL JOWN W- BALTIMORE

31. Dete filed (Month, Day, Year)

14. A Prosents Sphature V. MOGAREUI, 6A271 MORT MO 21728

State Registrar 31. Dete filed (Month, Day Year)



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State of M

laryland / Department of Health and	Mental Hygiene	96	31	+41	68	3
Certificate of Death	Reg. No.		-		•	
	2. Dete of Deeth		3	3. Time	of De	eth

23:14 PM

unknown

Approximete Intervel Between Onset end Deeth

24b. Were autopey findings available prior to

1 Wes 2 No

in of cause

10d. Inside City Limits

1□Yes 2□No unknown

Physician /Medical **Examiner** 1. Decedent's Neme (First, Middle, Last)

Funeral Director

the Maryland 28a-f show the Medical Examiner must be notified at ŏ items 23a death e filed within 72 hours efter of Hygiene.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

certificate be exec-Box 68760. å USe 25 P.O. Division of Vital Records, The law page 2: confilicate 8 Ather Attending

à

Hospital

å

Month UNKNOWN 96-176 AUGUST 06, 1996 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 3200 BLK LOHIS LANE TRAIN TRACKS BALTIMORE none If Under 1 Year If Under 24 Hrs.

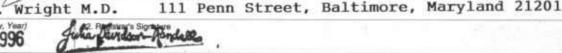
Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) Months Days 1 ☐ M 2 🔀 F unknown Yrs. unknown unknown Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location Director unknown unknown unknown 10e. Street end Number 10a. Citizen of Whet Country? 10f. Zip Code unknown unknown unknown Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus unknown 14. Race - American Indien, Black, White, etc. 1 Never Merried 2 Merried If Yes, Give unknown Yeer or Detes: 1 ☐ Yes 2 ☑ No Specify: þ Specify: Black 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 end 2 should be merked unknown unknown empertment of Heelth enc Important if item 27 is m any injury or other traums ence 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) unknown unknown 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 □ Donetion 5 □ Other (Specify) State rem Konald S. Wade, 22. Name and Address of Fecility State Anatomy Board-655 W. Baltimore Street Dir. Malo Baltimore, Maryland 21201-1559 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, back, or heart failure. List only one cause on each line. Immediate Cause (Final MULTIPLE INJURIES disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events. Due to (or as a consequence of). Physician/Medical it initiated events sulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown à Completed 24a. Was an autopsy performed? 10XYes 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 NOther (Specify) SCENE Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1) Yes 2□ No 28a. Date of Injury (Month, Day Year) 8 - 6 - 9 6 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 22:20 STRUCK BY TRAIN 1 Yes 2 No 2 Accident after death Director: 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) RAILROAD TRACKS B 4 Homicide LOHIS LANE, 24 hours dical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signature and title of certifier 29c. License number OCME

State Registrar

31. Date filed (Month, Day, Year) NOV 181996

Donald G.



SO Name and address of person who completed cause of death (item 23a) (Type, Print)

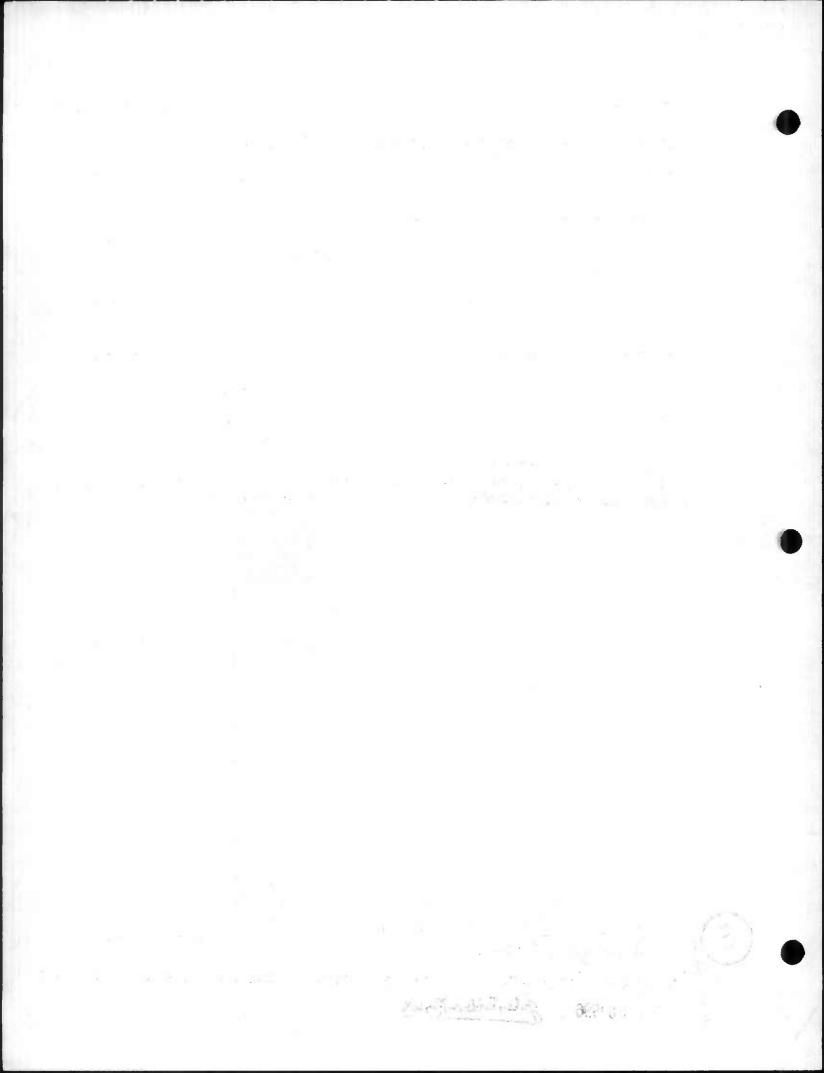
DHMH 16 Rev 6/95

AUGUST 07, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, State) 2200 1-11

3200 blk

29d. Date signed (Month, Day, Year)



96-5725-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-231 B.K.S ITEMS: 23 PART I, 27, PER State of Maryland / Department of Health and Mental Hygiene MED FILM 6-741 11/22/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month OCT. Day UNKNOWN 96-231 6, 1996 unknown /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner REAR OF 4300BLK. SHANNON DRIVE BALTIMORE none 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number **Funeral** Birthplace (State or Foreign Country) 1□ M 2□ F unknown Director unknown unknown unknown unknown Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a, State 10b County 10c. City, Town or Location 10d. Inside City Limits must be notified at Director 1 ☐ Yes 2 ☐ No unknown unknown unknown unknown 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? unknown unknown unknown Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detelinknown r than "natural", or items 11. Maritel Status unknown 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: A Specify: 3 Widowed 4 Divorced unknown unknown Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown altimore, Maryland 17. Father's Name (First, Middle, Last) Pages 1 and 2 should be fill ment of Haalth and Mental Hant: If tem 27 is marked oth Be 18. Mother's Name (First, Middle, Maiden Sumeme) unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health at Important: If Item 27 is any injury or other treuotice.

Physician /Medical **Examiner**

> ettending physician for use es tha buna tha NS8 88 signed by t d be detech

The law requires that the deeth certificate be axecuted

P.O. Box 68760,

Division of Vital Records,

Attanding Physician:

Physician/Medical à Completed Be ပ္

unknown unknown 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 5 Bother (SpecifyState rem. 4 Donation Signifure of Funeral Service Licenses Ronal d 8 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street Director Walle 21201-1559 Baltimore, Maryland Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heer feilure. List only one cause on each line. Immediete Cause (Finel disease or condition resulting in death) NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH Due to (or es a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting in death) Last Due to (or es e consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were eutopsy findings evalleble prior to completion of cause of death? 24a. Was an eutopsy performed? 1□ Yes 2⊠No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) 1XXes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28d. Describe how injury occurred

certificate After this 28a. Date of Injury (Month, Day Year) 28b. Time of FOUNDYAT Certification: 28c. Injury at Work? 5 Pending investigation 1 Natural death. FOUND ON 10/6/96 3:00 PM 1 Yes XX No UNKNOWN 2 Accident after death Director: 6 XXCould not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)
FOUND IN THE MOODS 28f. Location (Street and Number or Rural Route Number City or Town, State)4300 SHANNON DRIVE B 4 Thomicide 24 hours at p Funeral D broy filled BALTIMORE, MARYLAND 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es steted.

XXX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) To To 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Donald & Wright MD

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) OCT. 7, 1996

Registrar

31. Date filed (Month, Day Year) NOV 181996

DONALD G. WRIGHT MD 111

Date filed (Month, Day Year)

OV 181996

Guid Detrology Spinds

OV 181996 111 Penn Street, Baltimore, Maryland 21201

Approximate Interval Between Onset end Deeth

1995 A mark 3000

State of Maryland / Department of Health and Mental Hygiene

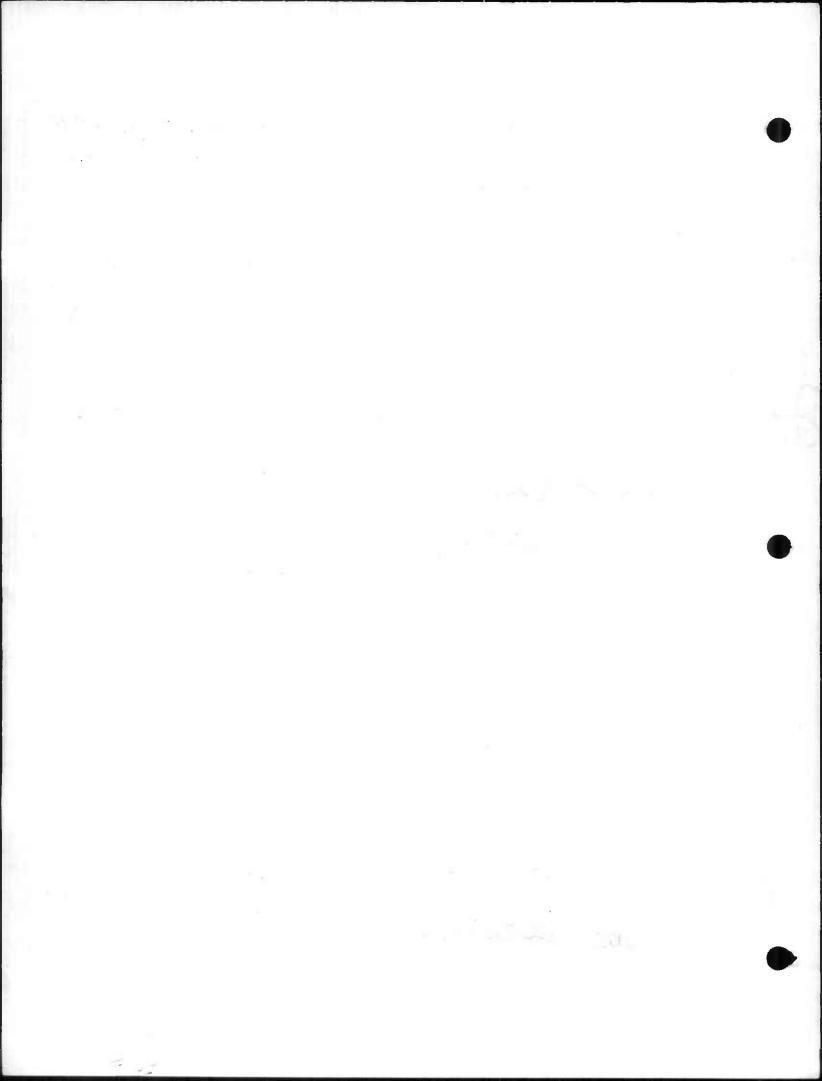
					Certific	ate of	Death	F	leg. No.		94470							
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/Medical	-	Dorie			Vaugh Epital	n		* 11	07	96	0947 All							
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Funeral Director		5. Social Sacurity Number 6.		Aga (in yrs. le:		ndar 1 Yeer				9. Birthplace Country)	a (Stete or Foreign							
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or 28a-f show to notified at	2	MD		BAL	TIMORE	CITY					1 XYas 2 No							
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deal deal	200	15. Decedent's (Specify only highest g	Education rede completed)		16a. Decedant's L (Give kind of life. DO NO	Isual Occup	pation	orkina	16b. Kind of B	usiness/Industry								
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marke imatic	-	JOHN ALLEN 19a. Informant's Name/Relationship	(Type Print)		19h Mailing Add	race /Strans		ARY ALLEN or or Rurel Route Number, City or Town, Stete, Zip Code)										
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y or	20a. Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Mathod of Disposition (Name of cemetery, cremetory or other place)								20c. Location -	Oc. Location - City or Town, Stata								
Important: any injury once.		21. Signature of Funeral Service Lice	ansea					REDD FU										
	+	23a. Part1. Entar tha disaase, or con shock, or haart failura. List onl		ad the death	1/2	L-2/	N. MON	ROE ST.	BALTI		MD.2121							
ettending physician and for use as the bunel-transit clan/Medical Examiner	Medical	Medical	Medical	incare a	BAIRON			t	Sequentially list conditions, if any, laading to Immadiate causa. Entar Undarfying Cause (Disaasa or Injury that initiated avants rasulting In daath) Last	c		s a consequanca						
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igned by the ettenc be detached for us by Physician		Part II. Other significant conditions			ng In tha underlyin	g cause giv	en in Pert I.	23b. Did to			y 4 Unknown							
page 2 should be completed by								24a. Was a perform		availat	autopsy findings bla prior to etion of cause							
page has								1 🗆 V	as 2NNo		es 2 No							
rector, pag		25. Was case refarrad to medical					28 Pleca of Da	aath (Check only on		1216	20140							
00		axaminar? 1 ☐ Yas 2	Hospital:	tient 2 EF	VOutpatient 3	DOA Oth	1216	Homa 5 ☐ Raside		ar (Specify)								
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ha fu		1 Accident 5 Pending investigation	on N/A		1/7 M		Yas 2□No	1/1										
ed in by the funeral		3 ☐ Sulcida 6 ☐ Could not 6 determinate	28a. Placa of I	njury - At homo atc. (Specify)	e, farm, straat, fac	tory, offica		28f. Location (St City or Town	, Stete)	er or Rural Ro	ute Number,							
Funer tely fill		29a. Certifiar (Check only one)	hysician: To the bes miner: On the basis end mannar s	of axamination	dga, daath occurr and/or Investigati	ed at tha tin ion, in my o	ne, data and plac pinion, daath occ	a, and dua to tha ca urred et tha tima, de	usa(s) end ma ata end placa,	nnar as statac	t. cause(s)							
To the comple		9b. Signature and titla of certifiar	- 11	1		29c. Licans		2	9d. Data signed	d (Month, Dey,	Year)							
6.	1	10. Nama and address of person who	12/bu	en	nes	D	4338	6	11	- 7-4	6							
(4	1	U. Nama and address of person who	complated causa of	death (Item 2:	3a) (Type, Print) Bolhing	Y Dani	un P	71213	2									
Çtate	1	Date filed (Moeth, Day, Year)	32. Regis	trar's Signatur	a So						I I I I I I I I I							



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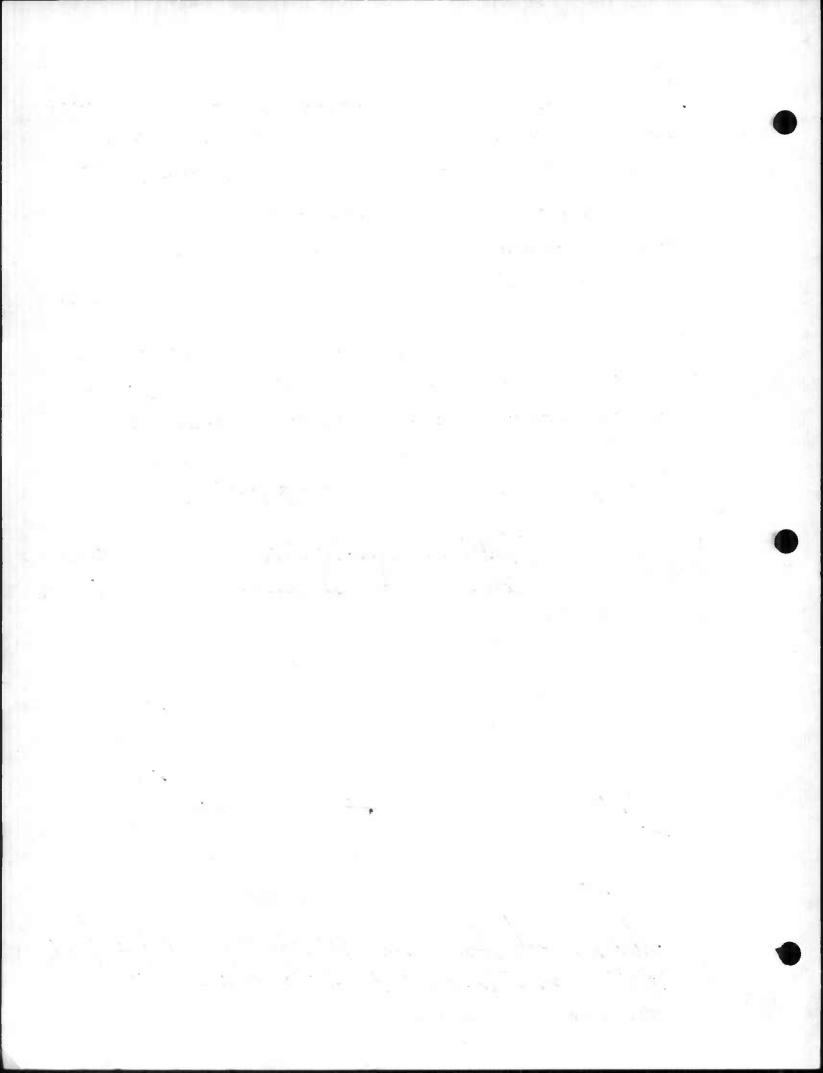
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INFORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	/ARYLAND /				EALTH DEAT		MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) CHARLES	POWE			ALTO					TE OF DEATH DA	it	KEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DAT	TE OF BIRTH onth, Day, Your)	Cq.	8. BIRTHI Country	PLACE (State or Foreign
	154-18-7980	1 🖳 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		25,192	22		Jersey
~	9a. FACILITY NAME (If not institution, give				9b. CITY		R LOCATIO		EATH		9c. COU	NTY OF DE	ATH
D	SAINT JOSEPH I	MEDICAL	CENTER			Т	OWSC	ON]	BALT	IMORE
DIRECTOR	10a. STATE 10b. COUNT	ГҮ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
		timore							Cows	son			1 TES 2 NO
FUNERAL	10a, STREET AND NUMBER					10f	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
NEI	622 Debaugh Ave	Y							2120	·		U.S	
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	IT EVER IN U.S. ARN YES 2 NO WAR OR DATES WWII	0	- 1	If yes, spe	encent of cubat	n, Maxica	in, Puar	GIN? (Specify Yaa to Rican, etc.)	or No—	Black.	- American Indian, White, atc. White	
COMPLETED	15. DECEDENT'S EO		18a. DEC	EOENT'S	USUAL O	CCUPATIO	ON st of workin	N.	1	16b. KIND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	Him	Do NOT u	se retired.)				4				
MP	12 17. FATHER'S NAME (First, Middle, Last)	5+	Sa	1es	nan		Make and the second	olean y con		Dubois		nical	
										st, Middle, Maiden			
BE	Barry Walton 190. INFORMANT'S NAME (Type/Print)		19b	MAILING	G ADDRES	S (Street a				unknowr		ip Code)	
5	Lori Sersen/Dau	ghter	1	2729	Cun	ning	hill	Cov	ve F	Road-Bal	timo	re, l	Maryland
	20a, METHOO OF DISPOSITION 1 Green Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State		ND DATE OF DISPOSITION (Name of natory or other place) OATE 20c. LOCATION — City or Town, State								4-1-1-1-1	
3	Ronald S. Wade, Director State Anatomy Board-655 W. Baltimore St. Baltimore, Maryland 21201-1559												
	23. PART I. Enter the diseases, or	compileations the	it caused the dea	eth. Do									Approximata
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS a CONSEQUENCE OF): DUE TO (OR AS a CONSEQUENCE OF):												
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	UENCE C	OF):										
	PART II. Other algorificant condition	one contribution to	death but not a		In the	ndosl.da			Dout I	I as was an		140	WEETER MICEORAL SHIPPING
EDICAL	PART II. Ottar arginicani conditio	The Continuenting to	deeth but not re	esuiting	iii tria d	nderiyini	g cause	given in		24a. WAS AN PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. M	DID TOBACCO USE CON	TRIBUTE TO C/	AUSE OF DEA	TH Y	ES 🗆	NO [JUNC	ERTAI	N \square				1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		28. PLAC	E OF DE	ATH (Check	only one)							
SIC	1 PYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 □ Nu		10 5 🗆 Re	ealdenca	6 🗆 0	other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	URY AT ORK? YES 2	□ NO	28d.	DESCRIBE HOW I	NJURY O	CCUREO	
03	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE (building	OF INJURY — At hor, etc. (Specify)	me, farm,	street, fac	ctory, offic	a			OCATION (Street of City or Town, State)		er or Rural F	loute Number,
COMPLET	Torrow orny	SICIAN: To the best o) and manner as stated.
BE	296. SIGNADURE ASS TITLE OF CERRIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER												
ОТ	39 NAME AND ADDRESS OF PERSON WHO COMPLETED SAUSE OF GEATH (ITEM 27) (Type, Print) (1) ASMINISTRATION OF COMPLETED SAUSE OF GEATH (ITEM 27) (Type, Print) (1) ASMINISTRATION OF COMPLETED SAUSE OF GEATH (ITEM 27) (Type, Print) (1) ASMINISTRATION OF COMPLETED SAUSE OF GEATH (ITEM 27) (Type, Print)												
NOV 181996 Julia Dandon - Andres													



State of Maryland / Department of Health and Mental Hygiene

		#			Certificate of	Death	Re	g. No.	0 31	14/2			
Physici	an.	1. Decedent's Name (First, Middle, La					2. Date of Dealt	Day	Yeer 3	. Time of Deeth			
/Medic		• ABRAH	IAM		WEINTZV	VEIG	NOV. 3			2:30pm			
Examin		4a. Facility Name (If not institution, gir				4b. City, Town, or		4c. County					
		NORTHWEST HOSPIT	'AL CENTE	R		RAND	ALLSTOWN	BAL	TIMORE				
Funeral Director			Sex 7. 12 M 2 □ F	Age (In yrs. last bir 74	thday) If Under 1 Yea Months Days				9. Birthplace Country MARY LA	(State or Fore			
r 28a-f show	tor	10a. State 10b. County MARYLAND BALTIN	MORE	10c. City, Tow		GS MILLS				Inside City Lin			
0 8	Funeral Director	10e. Street and Number 10114 cascade rui	n court		10f. Zip Code 211	17	10		What Country?				
me 23	era	11. Marital Status	12. Was Decede	ent Ever in U.S.			specify Yes or No-	USA 14. Bac	e - American II	ndian.			
al', or its Examine	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Force 1 Xes 2 If Yes, Give Year or Date	WWIT	13. Was Decedent of If Yes, specify Cul		o Rican, etc.)		Black, White, etc. Specify: WHITE				
hedio	Completed	15. Decedent's E (Specify only highest gri	ade completed)		Decedent's Usual Occu (Give kind of work done life. DO NOT use retin	pation during most of wo	rking	6b. Kind of B	usiness/Industr	ry			
r than	шо	Elementary/Secondery (0-12)	College (1-4	or 5+)	ARCHITECT			UNITE	D STATE	S ARMY			
I Hygi other	Be C	17. Father's Name (First, Middle, Last			AICHTECT	18. Mother's Na	me (First, Middle, M	CORP laiden Suman	RP OF ENGINEERS				
end Mental Hygi Is marked othar aumatic event, I	To B	JOSEPH		WEINTZW	ŒIG	ROSE			BORNST	EIN			
end N		19a. Informant's Name/Relationship (. Mailing Address (Stree	t and Number or Ri	ıral Route Number,	City or Town,	State, Zip Coo	de)			
Health e em 27 la other tra		MRS. HELENE WE	INTZWEIG	(WIFE) 1	0114 CASCAL	E RUN CT	OWINGS M	ILLS,	MD 2111	7			
		20a. Method of Disposition]p	20b. Place of	of Disposition (Name of tery, crematory or other place) Date 20c. Location - City or Town, S								
		1 □XBunal 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif		ate	FORBAND		11-5-1996	- ROSE	DATE. M	(II)			
Department of Important: If any Injury or pace.		21. Signature of Funeral Service Lices	nsee /	1	22. Name and Addr		3 3 3 3	NOOD	UALE, L	עוו			
Depe Impo any Ir		Notto M.	with		SOL LE	VINSON &	BROS, INC	C.					
		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
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/Medical	-1	Immediate Cause (Final	1/2.0	h. 1 . 1	[1]	11 -1:			_	00			
xaminer		disease or condition resulting in death)	a. Yong	nana	Hou	ranor			24	Pars			
24	je		Con	Due to (or as a	Consequence of):	25-			1	0			
densit	Examiner	Sequentially list conditions	Due ser for as a	Trong &	wes	-		10	gus				
an en nial-tr	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events		200	0					0			
physician and strensit	edicai	Cause (Disease or Injury that Initiated events	c	Due to (or as a c	onsequence of):								
ling ph	Med	resulting in death) Last		(
ettendin for use			d										
e ette	icia	Part II. Other significant conditions of	ontributing to deat	h but not resulting Ir	eause given in Part I. 23b. Did tobacco use contribute to the cause of de								
hould be deteched for use as the bunal-trensit	Physician		on a botting to dout	Tout not resenting in	the underlying cause g	voirint all i.	1 Yes 2 No 3 Probably 4						
signed b	by 6									,			
been sig							24a. Was an		24b. Were a	utopsy finding			
11 0	Completed						perform	ear		etion of cause			
ate hes	E						1 D Va	2 DNo	-	s 2 No			
certificat rector, p	Be C	25. Was case referred to medical				26 Place of Day			1010	5 20 110			
this certificaral director,	To B	examiner? 1 ☐ Yes 2 2 No	Hospital:	atlent 2 ER/Ou	trationt TIPPOOA OI	hor:	ath (Check only one		(04-1	•			
or death. octor: After this by the funeral d		27. Manner of Deeth					ome 5 Aesider 28d. Describe how		er (Specify)				
effer death. Director: After th I in by the funeral	Certification:	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of I (Month,	Day Year) In	njury Wo	ork?]Yes 2∐No		, ,					
ofter death Director: A I in by the fi	100	3 ☐ Suicide 6 ☐ Could not b	28e. Placa of	Injury - At home, fa	rm, street, factory, offica		28f. Location (Str.		per or Rural Ro	ute Number,			
d in	er	4 Homicide	building,	etc."(Specify)			City or Town,	State)					
	edical	29a. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	yaician: To the be niner: On the basis and manner	s of examination and	, death occurred at the ti	me, date and piaca opinion, death occu	, and due to the car rred at the time, da	use(s) and ma	anner as stated and due to the	cause(s)			
omp of	M M	29b. Signature and title of certifier	/	1	29c. Licen	se number	29	d. Date signe	d/(Month, Day,	Aear)			
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	1	Camane	UVK	mm	CAIN A	1601	-2-	1//	4	76			
1.	5	30. Neme and eddress of person who	completed cause of	deeth (Item 23e) (Type, Print)	K-M	MI	n	RX				
	1	1000 00	ne V.	rec	V	Javyo 1	1 W 2	12	0				
Stat		31. Date filed (Month, Day, Year)		strer's Signature									
Registra	ar	NOV 1 8 1996	jala dau	Wen-Rardal	3			4					
IS Day 6/05													



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 34473 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month earl Vovember 04:40 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTO If Undar 24 Hrs. Baltimore (MARyland
5. Social Security Number Patal If Undar 1 Yaar Cit GENERAL 705 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 8/2/42 9. Birthplaca (Stata or Foreign Country)
BALTIMORE, MD. 10M 20F Days 212-40-3343 54 Yrs. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√ Yes 2□No MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 706 W. LAFAYETTE AVE. USA 21217 13. Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Americen Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: AFR.AMERICAN 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondery (0-12) DOMESTIC HOMEMAKER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) С. VIRGINIA MAE TAYLOR RICHARD DAVIS 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 4811 LINDSAY RD, 2B BALTIMORE, MARYLAND 21229 COMMODORE SHERYL 20a. Method of Disposition
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Othar (Specify) ARBUTUS MEMORIAL PARK 11/14/96 BALTIMORE, MD. 21. Signature of Funeral Service Licensee ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 23a. Part1. Enter the disease, or complications that could ed the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on concluding. Approximate Intarvai Between Onset and Death Immadlate Cause (Final Hapiration disease or condition resulting in death) 11-8-1996 GASTROINTESTINAL Sequantially list conditions, if any, laading to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2⊠No 3 Probably 4 Unknown Kenal 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? complation of ceusa of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medicel examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated.

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Data signed (Month, Day, Year)

Physician /Medical **Examiner** The law requires that the death certificete be executed

Physician

/Medical

Examiner

Funeral

Director

must be notified at

Items 23a

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"natural".

d 2 should be filed within 7 th end Mental Hygiene. 7 is marked other than "n.

Demit Pages 1 and 2 should be Department of Health end Mental I Important: If Item 27 is marked any Injury are seen.

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

Division of Vital or Attending Physician: Director

Funeral

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Completed

Physician/Medical δ Be Completed 2

physician end s the buriel-transit 8 pege 2 s this certificate has // sefter dea.

**I Director: After a...

** the funeral di hin 24 hours the Funerel edicai

Certification:

Registrar

29b. Signatura and title of cortified 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Bhalody VIDUI Kumar 31. Date filed (Month, Dey, Year)

5 Pending investigation

6 Could not be determined

2 Accident 3 ☐ Suicide

4 Homiclde

(Check only one)

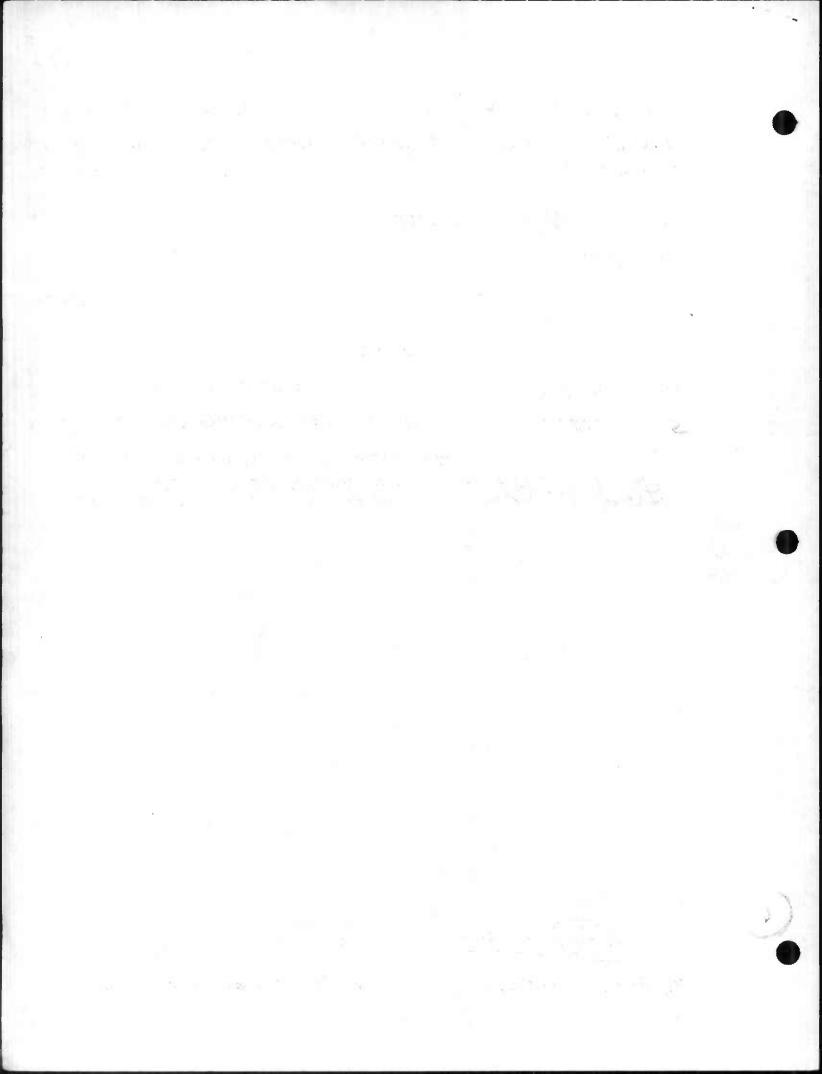
NOV 1 8 1996

29a. Certifier

lo Maryland GENERAL

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 34474 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth 3. Time of Deeth Dey **Physician** Month Yeer 7:30 AM JOSEPH J. WEBSTER NOVEMBER 15 1996 /Medical 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1207 ROSEDALE AVENUE ROSEDALE
If Under 1 Year If Under 24 Hrs. BALTIMORE 5. Sociei Security Number 6 Sax 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** Deys 1⊠M 2□ F Hours 74 Yrs. Director 228149461 JAN 15, 1922 Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner number by notified at 1 ☐ Yes 3 O(No Director MD BALTIMORE ROSEDALE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Items 23s 1207 ROSEDALE AVE 21237 Completed by Funeral USA filed within 72 hours efter death 12. Wes Decedent Ever in U,S.
Armed Forces?

1 M Yes 2 □ No
If Yes, Give
Yeer or Dates: WW II Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American indian, Bleck, White, etc. 1 ☐ Never Married 2 ☑ Married 21215-0020 ò 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorcad Specify: WHITE "naturai", 15. Dacadent's Education (Specify only highest grede completed) 16e. Decedant's Usuel Occupetion
(Give kind of work done during most of working
life. Do NOT use retired)
Truck Driver 16b. Kind of Business/Industry Peges 1 end 2 should be filed within nent of Health end Mental Hygiene. int: If Nem 27 is marked other than ' Elementary/Secondary (0-12) Collega (1-4or 5+) Food Industry Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumema) Be James R. Webster Ida Perdue 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Ralationship (Type, Print) Depertment of Health e Important: If Item 27 is any injury or other trat once. Jackonette Webster / wife 1207 Rosedale Ave. Rosedale, MD 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removal from Stete 4 Donetion 5 Other (Specify) Metro Crematory 11-18-96 Catonsville, MD 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility
Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Rosedale, MD 21237 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Betw **Physician** Coronay arter desease. /Medical Immediate Cause (Finel diseasa or condition resulting in daath) **Examiner** Due to (or es e consequenca of) End Stark The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequenca of): pue Box 68760. attending physician Physician/Medical Due to (or es e consequence of): been signed by the atte should be deteched for Pert Ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 2 Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yas 2 No After this certificate 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1□ Yes 2□ No Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 28a. Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Naturei 5 Pending death. 1 Yes 2 No Investigation 2 Accident efter death in by the 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 I Homicida Muttin 24 hours e To the Funeral C completely filled Hospital edicai 29a. Certifier 🗠 Certifying Physician: To the best of my knowledge, daeth occurred et the tima, deta end pieca, end due to the ceusa(s) and menner as steted. Defining Physician: 10 the best of my knowledge, daeth occurred et the time, dete end pieca, end due to the cause(s) end menner steted.

2☐ Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pieca, end due to the cause(s) end menner steted. To the 29b. Signature end title of certifier 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who complated cause of deeth (item 23a) (Type, Print) 201 Back River Neck

DHMH 16 Rev 6/95

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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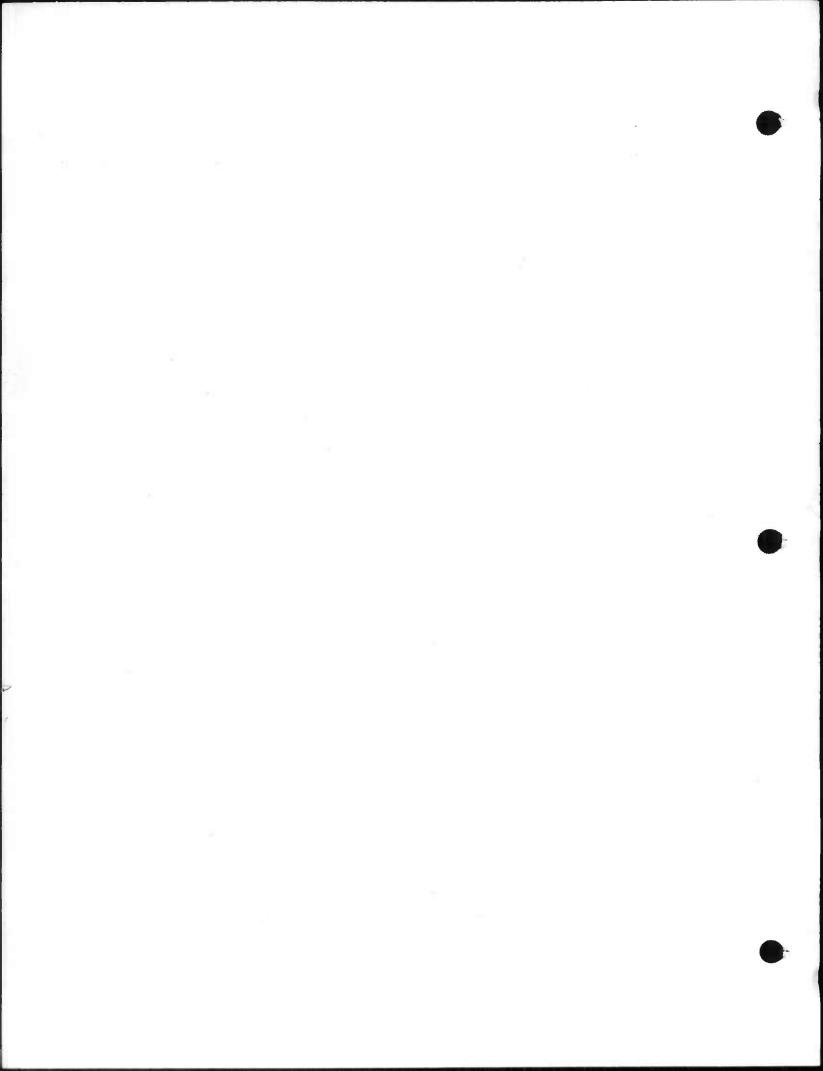
						Certif	ficate of	Death		Reg. No.		0 0		
	Physic /Medi		Decedent's Neme (First, Middle, La	(St)		\	1ear	de	2. Dete of De Month Octobe	eth Dey	Yeer 1996	3. Time of Death 6: 45 P/2		
	Exami		4e. Fecility Neme (If not institution, given Pickerso	111		/		Tou	or Location of Deeth 4c. County of Deeth 35 On Baltimore					
	Funeral Director		5. Sociel Security Number 216-20-3474 Usuel Residence of Decedent	1 DM 2 DxF	(In yrs. lest birt		f Under 1 Yeer lonths Deys	If Under 24 Hours	Hrs. 8. Dete of Bin (Month, De	th ey, Year) ,1903	9. Birthp Coun Mary	plece (Stete or Foreign http) 1 and		
	within 72 hours after death with the Meryland ane. than "naturat", or items 23a or 28a-f show he Modical Examiner must be notified at	rector	10e. Stete 10b. County Maryland Baltimo 10e. Street end Number		Tows	son	ion 10f. Zip Code			10g. Citizen of		0d. Inside City Limits 1 ☐ Yes 2 ☑ No		
	23a o	a D	615 Chestnut Road	1			2	1204				•		
020	iges 1 and 2 should be filed within 72 hours after death with the Marylan it of Health and Mental Hygiane. If Ifem 27 is marked other than "natural", or items 23a or 28ad show or other traumatic event, the Medical Examiner must be notified as	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Married 3 XWidowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Yeer or Detes:	er In U,S.	l	Decedent of Hes, specify Cube	Ilspenic Origin an, Mexicen, P Specify:	? (Specify Yes or No uerto Ricen, etc.)		14. Rece - American Indien, Bleck, White, etc. Specify: White			
15-0	"natur	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	16e.	(Give kind	's Usuel Occup	during most of	working	16b. Kind of B	usiness/Inc	yrtsub		
212	withir fane. than	ошо	Elementery/Secondery (0-12)	College (1-4or 5+) 4			ol Tead	,		Adult	Educa	ation		
Maryland 21215-0020	should be filed and Mental Hygis marked other umatic event,	To Be C	17. Fether's Neme (First, Middle, Last, unknown)				18. Mother's	Neme (First, Middle unknown					
a,	1 and 2 sho Health and I em 27 is me other traums		19e. Informent's Neme/Relationship (Goerge Poehlman		13	336 M	antle S							
	permit. Pages 1 a Department of Hee Important: If Item any Injury or othe		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☑ Donetion 5 ☐ Other (Specif	(y)		Disposition of the company of the co	on (Name of ory or other pled	> е)	Dete	1919				
Balt	permit. Pag Department Important: I any Injury o		21. Signature of Fonerel Service Licer Ronald S	wade, Direc	tor		te Anat				nore :	Street		
	Physician /Medical Examiner	ler	Part1. Enter the disease, or com- hock, or heart fellure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	one ceuse on each line.							113	Approximate intervel Between Onset end Deeth 3 mon		
ox 68760,	aath certificata be axecuted attanding physician and I for usa as the burial-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest	c	ue to (or es e c									
P.O. B	tha d	Physician	Pert il. Other significant conditions o	rlying ceuse giv	en in Pert I.		1							
Vital Records,	aw requiras is been sign 2 should be	Completed by									COL	eilable prior to mpletion of cause		
<u>~</u>	Tha ate h	Com							10	Yes 2 No	10]Yes 2□ No		
Zit2	Physician: The this cartificate ral director, page	Be c	25. Wes cese reterred to medical examiner?	Hospitei:			Oth		Deeth (Check only	-				
Division of	Hospital or Attending Physician: 24 hours aftar death. Funeral Director: Aftar this cartific staly filled in by the funeral director,	ertification: To	27. Menner of Deeth Neturel 5 Pending Accident 3 Suicide 6 Could not b	28a. Dete of injury (Month, Dey)	'ear) 28b. T	ime of	28c. Injur Wor M 1	4 L Mursir	28d. Describe	how Injury occur	rred			
<u>></u>	pspital or At hours aftar ineral Directly filled in by	0	4 Homicide determined	building, etc. (City or To	1 Yes 2 No 10g. Citizen of Whet Country? U.S.A.				
	Mospital	edical	29e. Certifler 1 Certifying Ph (Check only one) 2 Medical Exam	niner: On the basis of en end manner state	ca <i>m</i> ineti <i>o</i> n end	death oc	curred et the tin Igetion, in my o	ne, dete end p pinion, deeth o	ece, end due to the courred et the time,	dete end piece,	and due to	the cause(s)		
	17	Σ	29b. Signeture and the of certifie	10			29c. Licens					•		
	(5))	1 -/ 1710	My -			Da	500	5	Octob	en 29	1996		
	$\overline{}$		30. Neme end address of person who W. A. R. 1 - 2 31. Dete flied (Month, Dey, Year)	completed cades of dee	th (Item 23a) (5701	K.	Charl	e Sh	Bu	eto ma		
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THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	PORTANT If the 28 is marked or them 23 shows any injury or other traumatic event the medical exemines must be notified at once
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT
		_	_

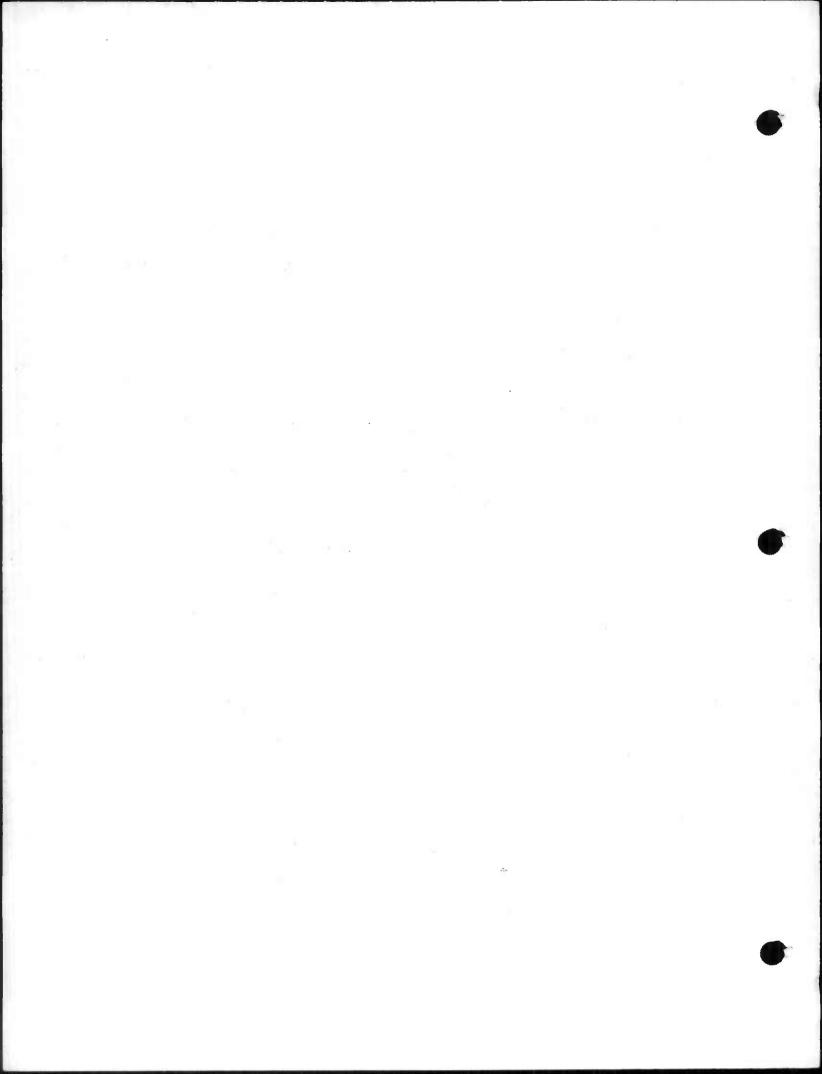
	1 - FOR STATE OF STATE OF	MARYLAND / I			EALTH AND	MEN	TAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)			Λ L .			ATE OF DEATH		YEAR 96	3. TIME OF DEATH		
	WILLIAM S.			Advis	5	18	Crobur of	1918 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last i	-	UNDER 1 YEAR	IF UNDER 24 HRS.	7. D	ATE OF BIRTH Worth, Day, Year)		8. BIRTH	IPLACE (State or Foreign		
	220-12-0095 ¹⅓™²□	72	YRS. MON	THE DAYS	HOURS MIN.			Dey, Year) Country) MARYLAND				
_	9e. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOWN	R LOCATION OF D			9c. COUN				
DIRECTOR	PENINSULA REGIONAL MEDI	CAL CENTER		S	ALISBURY		CO					
RE	10e. STATE 10b. COUNTY			WN OR LOCAT	ION				10d. INSIDE CITY LIMITS?			
	MD WICOMICO 104. STREET AND NUMBER	WILLARDS						1 TYES 2 NO				
FUNERAL				101	. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?		
N.	5962 MASSEY CROSSING RD.	DENT, EVER IN U.S. ARM	50	40 11110 000	21874				.S.			
	1 Never Married 2 Merried FORCES?	12 YES 2 NO)	It yes, sp	ENDENT OF HISPA	en, Pue		or No-	Black	— American Indien, c, Whita, etc.		
BY	3 Widowed 4 □ Divorced WW I	E WAR OR DATES I ARMY		1 L YES	2 NO Specif	fy:			Speci WHI'	'		
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECI	EDENT'S USU	AL OCCUPATION	ON at ad warding		16b. KIND OF BUS					
	Elementary/Secondary (0-12) College (1-4 or	Hon I	Oo NOT use reti	ired.)	st or working							
COMPLET	12	FARM	IER &	CARPEN	TER		SELF EM	PLOYE	D			
	17. FATHER'S NAME (First, Middle, Last)						irst, Middle, Maiden	Surneme)				
8	LAURENCE L. ADKINS				MAUDE							
6	190. INFORMANT'S NAME (Type/Print) I. LAURENCE ADKINS SR.				nd Number or Rural							
	200 METHOD OF DISPOSITION				ROSSING							
	1 XBurlel 2 Cremetion 3 Removal from State	20b. PLACE AN cemetery, crem MT PI			me of	1		CATION - C	,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7	LEASAN		ID ADDRESS OF FA	_		LLARD	S, 1	MD		
	1 A /	/ (/									
	Desaid (/ 3x	une	r	BOUND	S FUNERA	LI	HOME, SA	LISBU	RY,	MD.21804		
	23. PART I. Enter the diseases, or complications ahock, or heart failure. List only one	euse on each lina.	th. Do not e	nter the mo	de of dying, auc	ch es	cerdiec or reapi	ratory arre	rat,	Approximate Interval Between		
	immediate cause (Final disease or condition Refraction Carolina Re											
	immediate cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):											
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ō	Sequantielly list conditions, if any, leading to immediate	O OR AS A CONSEOU										
S	cause. Enter UNDERLYING	AD										
E	CAUSE (Disease or Injury that Initiated events											
CERTIFICATION	resulting In death) LAST											
AL C	PART II. Other significant conditions contributing	to death but not re-	eulting in th	a underlylne	cause given in	Part	I. 24a, WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS		
S					•		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							1 TYES 2	PENO		OF DEATH?		
2 7	DID TOBACCO USE CONTRIBUTE TO (AUSE OF DEAT	H YES [] NO [UNCERTAI	NΓ	1			1 YES 2 NO		
N.	25. WAS CASE REFERRED TO MEDICAL		OF DEATH (C				-					
SIC	HOSPITAL:	ER/Outpatient 3		HER: Nursing Hom	s 5 Residence	8 🗆 (Other (Specify)					
PHYSICIAN: MEDIC	(Month	OF INJURY , Day, Year)	28b. TIME OF	28c. INJ WO	URY AT RK?	28d.	DESCRIBE HOW II	NJURY OCC	URED			
B⊀	1 Netural 5 Pending 2 Accident Investigation	13.1.1.1		M 1 🗆 1	ES 2 NO							
- 1	3 Suicide 8 Could not be build!	E OF INJURY — At home ng, etc. (Specify)	e, ferm, atraet	, tectory, office		28t.	LOCATION (Street e City or Town, State)	nd Number o	or Rural F	loute Number,		
E												
릴	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one)											
COMPLETED	one) 2 MEDIOAT EXAMINER ON the Prote of	examination end/or im	restigation, in	my opinion, d	eath occured at the	time,	date end place, en	d due to the	ceuse(e) end manner ee stated.		
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1/1			29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)		
TO B	FILL	′ ′ ′			b 2044	H		10	-21	-96		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C											
	DV Jo Seph Raffello 4 31. DATE FILED (Month, Day, Yber) 32/REGIST	43 Quini	cc, 57	· Sal	156000 1	no	1. 2180)					
	OCT 22 1996	MAR'S'SIGNATURE	M									
	001 22 1330 D									DHMH.18 Bay 1/89		



DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND / DEPARTMENT CERTIFICATE		D MENTAL HYGIENE REG. NO.
4 05050505050		OEITH TOATE	OI DEATH	REG. NO.

	1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH															
	Thomas John		rson							Octo	ber 3	i 1	996°	7:00 am.m		
	4. SOCIAL SECURITY HUMB		5. SEX		. lest birthday)	IF UNDE	R 1 YEAR	HOURS	R 24 HRS.	7. DATE C (Month,	F BIRTH Day, Year)		IPLACE (State or Foreign			
- 8	222-10-487'		1 (XX 2 □ F	72	YRS.						ary 1					
Œ									IOH OF DE	EATH			INTY OF D			
6	200 A. Car	TET UT	•			Perryville Cec						Cecil				
DIRECTOR	10e. STATE	10b. COUHTY			10c. CIT	10c. CITY, TOWH OR LOCATION						10d. INSIDE CITY LIMITS?				
	Maryland 100. STREET AHD HUMBER	Ceci	1		Pe	rryv	7 11 16					1 TYES 2 NO				
RA						101. ZIP CODE					10g. CITIZEH OF WHAT COUN					
FUNERAL	200 A. Cart	er ct.	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	219		HC OBIGINS	(Specify Yes		ISA	— American Indian		
	1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES 2	NO		If yes, sp	ecify Cub	en, Mexica Specifi	n, Puerto Ri	can, etc.)	70, 110		k, White, etc.		
ЭВУ	3 X Widowed 4 Divo		WW II				44						White			
COMPLETED	15. DEC (Specify only	(Give kind of the Do NOT up	work done	during mo	OH st of work	ing	16b.	KIHD OF BUS	SIHESS/IN	DUSTRY						
2	Elementary/Secondary (0	-12)	College (1-4 or 5		hrys1e	· ·		D1 21	n t	Λ,	ıto Ma	nufe	otur			
S S	17. FATHER'S NAME (First, Mi	iddle, Last)		IIII YSIC	I I C	11 65						ictui	е			
BE	17. FATHER'S NAME (First, Middle, Last) Richard Carey Anderson Minnie Walley															
6	19a. INFORMANT'S HAME (万	10	19b. MAILING									21903				
	Shelia B. A						partn		_	_		laryland				
	1 Buriel 2 Crematio	n 3 🗆 Remo	oval from State	cemetery.	crematory or o	ther place)		NT	DATE				ty or Town, Stata		
	21. SIGNATURE OF FUNERAL		ENSEE		ir ce	Cemetery Nov.4 1996 Delaware,							Newark			
- 1	1	1	-1		1	22 W	est	Main	Stre	et	I. J	ones	a roard, Inc			
	23. PART I. Enter the di	seasea, or c	omplication the	t caused the	deeth. Do	not ente	r the mo	da of dy	ing. auc	are 1	9/11	ratory ar	rest	Approximate		
	shock, or he iMMEDIATE CAUSE (Fin	eart feilure. L	lst only one ceu	ise on each	line.			,			- 100 to		, ,	Interval Between Onset and Death		
	disease or condition resulting in death) 8. Myocardal Infarction Due to (or as a consequence of):															
	DUE TO (OR AS A CONSEQUENCE OF):															
NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):															
ξ	If any, leading to immediate cause. Enter UNDERLYING											i i				
Ĕ	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A COH	SEQUENCE O	F):):									
CERTIFICATION	reaulting in death) LAST															
	PART II. Other significa	nt conditions	contributing to	death but no	ot resulting	in the u	nderlying	ceuse	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS		
MEDICAL									COMPLET			AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME														OF DEATH?		
ÿ	DID TOBACCO U		IBUTE TO CA					UNC	CERTAIN	10						
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		LACE OF DEA	TH (Check										
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2 I		26b. TIM		28c. INJ		asidenca	6 Other	(Specify)	H III IBY OC	CUREO			
		Pending nvestigation	(Month, D	ay, Year)		JURY M	1 🔲 1	RK?	□ NO	200. DESC	NIDE NOW II	NJUNT OC	CORED			
D BY	3 Sulcide 6	Could not be	26a. PLACE O	F INJURY — At	t home, farm,	street, fac	tory, offic			261. LOCA	IOH (Street a Town, State)	and Numbe	r or Rural R	loute Number,		
	4 Homicide	letermined		,,,,,,,						Only or	iown, stelle)					
COMPLETED			CIAN: To the best of													
ģ l			t: On the basis of a	camination and	/or investigation	on, In my	opinion, d	eath occu	red at the	time, data a	nd place, an	d due to t	he cause(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE	OF CENTIFIEN	MD						ENSE NUN	MEH				(Month, Day, Year)		
ဥ	30. HAME AND ADDITION OF	PERSON WHO		SE OF DEATH #	ITFM 973 /3/00	Drine)		D 4	//11			P 1	0–31	-96		
	David E. G			uldin			orth	Fact	_ ME	219	201					
	31. DATE FILED (Month, Day, NOV 0	bar)	32. RECUSTRA	R'S SIGHATUR	E)I (II	ப்புத்	- 1.11	413	/01					
	MUV 0.	L 1996	Juna	Savidson	Panda	2										
														DHMH-16 Ray 1/89		



State of Maryland / Department of Health and Mental Hygiene 96 34478

						Certifi	cate of	Death		Reg. N	10.				
	Dharais		1. Decedant's Name (First, Middla,	.ast)					2. Dete of Month	Deeth		Veer	3. T	e of Death	
	Physic /Medi		LAWRENCE A. ADA	AMS					NOVEM	BER	3, 19	996"	12	:05 P.N	
)	Exami		4a. Fecility Nema (If not Institution, g	ive straet and numbar)				or Location of De						
	17/4/30		V.A. MEDICAL C			17 10	Alas Santa Santa	FORT HO				MORE			
	Funerai Director		5. Social Security Number 216-18-5970 Usuei Residence of Decedent	Sax 7. A 12 M 2 F	ge (In yrs. last bii 80		Inder 1 Year nths Days	Hours 1	din. (Month,			9. Birthple Count MARYI	ece (Sta ry) AND	ita or Foraign	
	/land		10a. State 10b. County		10c. City, Tow	n or Locatio	n					10	d. Insid	e City Limits	
	Man	ģ	MARYLAND ANNE AF	RUNDEL	ANNAPO	LIS							100	fas 2□No	
	th the	Director	10e. Street and Number			10	of. Zip Code			10g. 0	Citizan of \	Whet Count	ry?		
	23a	a	1807 ROBERTSMALI	ROAD			21401				US				
020	n 72 hours after death with the Maryland *natural, or frems 23s or 28s-f show exical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Merried 2 □ Marriad 3 ☒ Widowed 4 □ Divorced	If Yes, Give	?		Decedant of I , specify Cub es 2 12 No		? (Specify Yes or uarto Rican, atc.)	No-	Bled	ck, White, e	itc.	١,	
2-0	72 hor	te d	15. Decedent's	Education	1 1000	. Decedant's	Usual Occu	pation	11111111	16b.	Kind of B	usinass/Ind	ustry		
Maryland 21215-0020	足しら事	Completed	(Specify only highest (Elementery/Secondary (0-12)	rade completed) College (1-4or	5+)	life. DO N	OT use ratire	,	working			A TOTAL A TOTAL			
		5	12th	0	. F	RIGGIN	G DEPT	•		DAVID TAYLOR MODEL BAS					
	o la p	Be	17. Father's Neme (First, Middla, La								en <i>Surnam</i>	ne)			
Z	should be nd Mental marked o	2	GEORGE ADAMS		1.00				NNY JONE						
Ma	d 2 s		19e. Informent's Neme/Relationship (Type, Print) MARVIN L. HARRIS (GRANDSON) 19b. Mailing Address (Street and Number or Rural Route Number, City of 1807 ROBERTSMALL RD. ANNAPOLIS,										,		
	f Health tem 27 other tr		20e. Method of Disposition	Data					A						
altimore,	permit. Pages 1 ar Department of Heal Important: if Item 2 any Injury or other ance.		1 ☑ Buriel 2 ☐ Cremetion 3	11 0 0/	0.1										
alt:	ortan Injur		A Donetion 5 Other (Specify) MARYLAND VETERAN CEME.												
ä	Depa Impo		Harry 1	1 200			MBER 3, 1996 12:05 P.N. Deeth Ac. Country of Death BALTIMORE If Birth BALTIMORE If Birth Day, Year) 2 7 1916 9. Birthplece (State or Foraign Country) MARYLAND 10g. Citizan of Whet Country? US In No. 14. Raca - American Indian, Bleck, White, etc. Specify: BLACK 16b. Kind of Businass/Industry DAVID TAYLOR MODEL BAS Indianass/Industry DAVID TAYLOR MODEL BAS Indianass/Industry DAVID TAYLOR MODEL BAS Interval Between Onsat and Deeth 20c. Location - City or Town, State CROWNSVILLE, MD. RY, P.A. MD. 21401 Interval Between Onsat and Deeth 2 MONTHS Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Munknown Was en eutopsy or July Specific or Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State or Foraign Country one) Passidance 6 Octure (Specify) The cause (s) end menner es steted. Interval Between Onsat and Deeth Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 1 Yes 2 No now, State Completion of Causa of deeth? 1 Yes 2 No 3 Probably Munknown In Yes 2 No 3 Probably Munknown 24b. Were eutopsy findings eveileble prior to completion of Causa of deeth? 1 Yes 2 No 3 Probably Munknown Approximate Country Now, State Completion of Causa of deeth? 1 Yes 2 No 3 Probably Munknown 24b. Were eutopsy findings eveileble prior to completion of Causa of deeth? 1 Yes 2 No 3 Probably Munknown 24b. Were eutopsy findings eveileble prior to completion of Causa of deeth? 1 Yes 2 No 3 Probably Munknown 24b. Were eutopsy findings eveileble prior to completion of Causa of deeth? 24b. Were eutopsy findings eveileble prior to completion of Causa of deeth? 24b. Were eutopsy findings eveileble prior to compl								
		-	23a. Pert1. Enter the disaesa, or co	mplications that cause	d tha death. Do						21401		Approxi	mate	
	Physician		shock, or heart failure. List on	y one ceuse on each I	ine.								Interval Onsat a	Between and Deeth	
2	/Medical	П	Immediata Ceuse (Finel diseese or condition	CANCER	LUNG WI	TH MET	ASTAS1	S TO S	PINE			2	2 MONTHS		
н	Examiner		resulting In death)	a	Due to (or es e										
	D #	Examiner													
	certificata be axecuted tring physician and tse as the burial-transit	xam	Sequentially list conditions,	U.	Due to (or as e	consequenc	e of):								
60,	be ay lcian buria														
68760,	icata phys	edicai	that initiated events resulting in deeth) Lest		Due to (or as a	consequance	e of):					į			
×	certifi nding use a	≥		d											
Bo.	that the death ce ed by the attendi detached for us	Physician	Part II. Other significant conditions	contributing to death h	aut not reculting in	n the underh	dos souso si	unn in Dart I	22b F	ld tobac		ntelligate to	the enu	on od dooth?	
0	t the d by the tached	hys												/	
S, D		by F	OLD LEFT CEREBROY	ASCULAR AC	CIDENT	MITH F	(IGHT I	HEMIPAK.	ESIS						
Records,	aw requires to seen s	Completed	HYPOTHYROIDISM						24a. W	es en eu	topsy	con	ileble pr	ior to	
=	The ate h	Co							1	□ Yes	2) No	1 🗆	Yes	2□ No	
Vital	ysician: The s cartificate director, pag	Be	25. Wes case referred to medical exeminer?						Deeth (Check on	ly one)					
of	Physician: this cartific ral director,	P	1 ☐ Yes 2 No	Hospitel: 1 Inpati			LOOA)		
n C		0	27. Manner of Deeth 1 Neturel 5 ☐ Pending	28a. Dete of Inju (Month, De		Time of Injury	28c. Inju Wo		28d. Dascri	oe how in	jury occur	red			
Sic	Attending or death. ector: After by the fune	licat	2 ☐ Accident investigati 3 ☐ Suicide 6 ☐ Could not	he	iuny - At home de	N street f		Yes 2 □ No	28f Locatio	n (Street	and Numi	her or Rural	Route I	Number	
Division	구독등	Certification:	4 ☐ Homicide determine	building, e	jury - At home, fe lc. <i>(Specify)</i>	nin, street, i	actory, onice					or or nurar	rioble /	voitiber,	
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completaly filled in by the fune	edicai C	29a. Certifier f Certifying F (Check only one)	hysician: To the best miner: On the basis of end menner si	if examinetion an	e, deeth occu d/or Investig	rred et the ti etion, in my o	me, dete end p oplnion, deeth o	lece, end due to t	he cause ne, date e	(s) end me ind piece,	enner es ste and due to	eted. the cau	se(s)	
	withii To th	M	29b. Signeture end title of certifier	100		7	29c. Licens	se number		29d. E)ete signe	d (Month, D	Day, Yes	ir)	
				XDXV-			D30	352	8	1	Jav	2-1	10	196	
			30. Neme end address of person wh	completed cause of	deeth (item 23e)	(Type, Print)								, 10.	
		ıİ	BALA S. DUGGIRAL	A. M.D., 9	600 NORT	TH POT	NT ROA	D. FORT	'HOWARD	MAF	YI AN	D 210.	52		

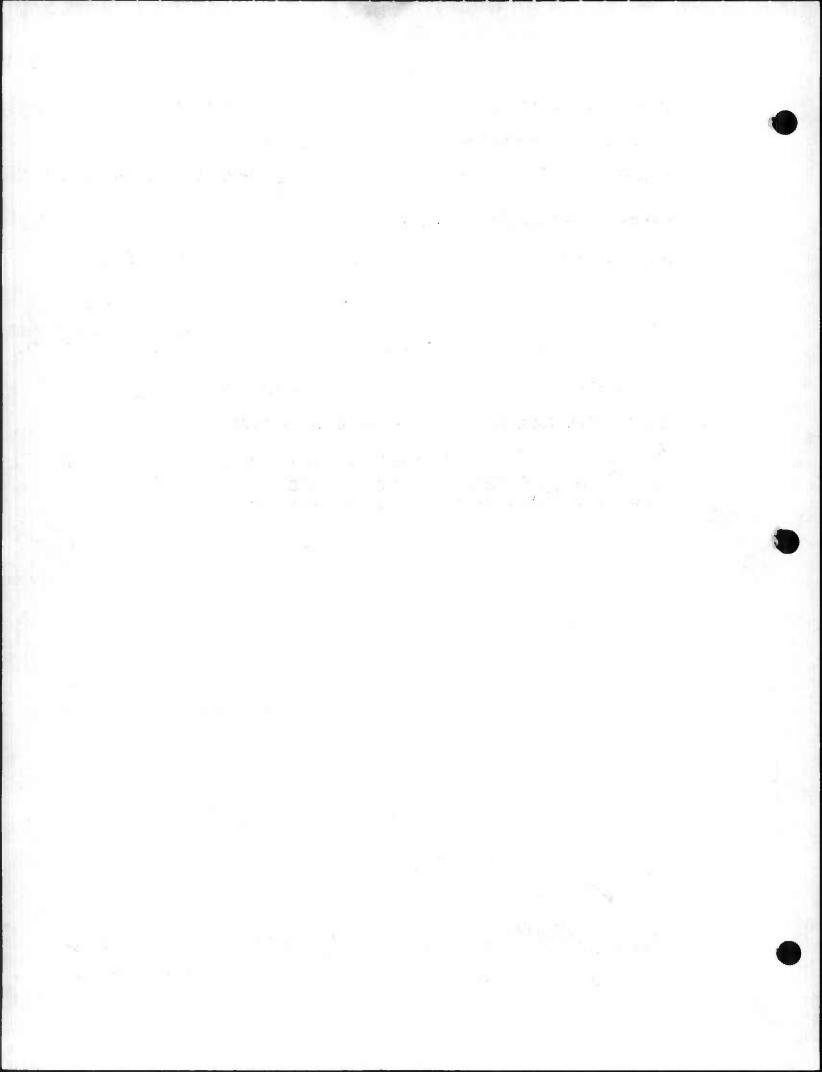
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State of Maryland / Department of Health and Mental Hygiene

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				Ce	rtificate of	Death		Reg. No.	0 0	16 14 13	
Phys	ician	Decedent's Neme (First, Middle, La.					2. Dete of De Month	eth Dev	Vace	Time of Deeth	
_	dical		ANTONELLI				OCTOBE		996	5:30 AM	
Exan	niner	4e. Fecility Neme (If not Institution, giv	e straet end number)			4b. City, Town,	or Location of Deet	h 4c. County	of Deeth		
		PHYSICIANS MEMORI				LA PLAT			ARLES		
Funer Directo		5. Sociel Security Number 040-12-3428 Usual Residence of Decedent	7. Age (In yrs. 81	lest birthday) Yrs.	If Under 1 Yee Months Days		in. (Month, De	th by, Year) 5, 1912	9. Birthplece Country) CONNEC	(State or Foreign	
the Maryland 28a-f ahow notfied at	Director	10e. Stete 10b. County MARYLAND PRINCE 10e. Street and Number		ity, Town or Lo	10f. Zip Code			10d. Inside City 1 ☐ Yes :			
with with	ă		т			2					
and 21215-0020 be filed within 72 hours efter death with the Maryland tiel Hygiena. to other than "natural", or items 23a or 28a-f ahow event, the Medical Examinar must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decadent Ever in U Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Year or Dates:		.S. 13. Wes Decedent of Hispenic Origin? If Yes, specify Cuben, Mexicen, Pu			UNITED 14. Rec Ble Specify	Rece - American Indien, Bleck, White, etc.		
ING Z1Z15-UUZU be filed within 72 hours of tel Hygiena. d other than "netural", or event, the Wedical Exam	Completed	15. Decedent's Ed (Specify only highest gra Elamentary/Secondary (0-12)	ducetion de completed) College (1-4or 5+)	(Give	dent's Usual Occu kind of work done DO NOT use retin	e during most of v ad)	vorking	SECURIT	usiness/industr	D EXCHAN	
filed v Hygien ther ti		12		SER	VICE OFF			1.7.11		L GOVN I	
Maryiand d 2 should be file the end Mentel Hy 7 is marked othe treumatic event	Be	17. Fether's Neme (First, Middle, Last)					lame (First, Middle		ne .		
should by and Mente or marked umatic even	2	MARCO ANTONELLI 19e. Informent's Neme/Reletionship (F D			PALMIR					
ges 1 and 2 should to of Health end Mer if Nem 27 is marks or other traumatic		The second secon					Ru <i>ral Rou</i> te Numb			А.	
		PATRICIA KANYAN/I		4495 Plece of Dispo	CAMELUI sition (Neme of	DK. PUM	FRET, MA		06/5 or fown, S	State	
altimore, mit. Pages 1 ar partment of Hea portant: if item;		1 N Burial 2 ☐ Cremetion 3 ☐	Removel from State	cemetery, crer	metory or other pl						
ILIE It. P Interventant Injury		4 Donetion 5 Other (Seecil) 21. Signature of Prograf Services	ST		PH'S CEM		NOV.2	POME	MARY	AND	
Dealt. Departr Importu		Day 1101	1 aching	Ť	P. Name end Addr PE HUNTT	FUNERAL	HOME, I	NC.			
		BENJAMIN M. MA	TTHEWS M-0065	8 P	.O. BOX	156 WALD	ORF, MA	RYLAN			
		23e. Pert1. Enter the diseese, or comp shock, or heert failure. List only	one ceuse on each line.	th. Do not ent	er the mode of dy	ring, such es cerd	iec or respiretory e	rrest.	Inte	proximete ervel Between set end Deeth	
Physiciai /Medica		Immediete Ceuse (Final	4/	2) 1		1 il.	-/ - 1		Ons	et end Deeth	
Examine	_	diseese or condition resulting in death)	· Massire	Lnm	acrama	Hemi	noinaje	-	n	15	
	ē		Due to (d	or es e consec	quence of):						
nsit	Examiner		b								
A CO / CO, ertificete be executed ling physician end e es the burial-transit	Xa	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying	Due to (d	or es e conseq	quence of):				- 4		
ficete be ex physician s the burial		Ceuse (Disease or Injury) thet Initiated events	c								
icete phy:	Medical	resulting in deeth) Lest	Due to (o	er es e conseq	uence of):						
			d								
atter after	ciar								1		
es that the death or igned by the attended for us	Physician	Pert II. Other significant conditions co	intributing to death but not res	ulting In the u	nderlying ceuse g	iven in Pert I.				cause of death?	
that that edby							10	Yes 2 No	3 Probably	4 de Unknown	
or Attending Physician: The law requires that the death of the death o	ed by						24e. Wes	en eutopsy	24b. Were et	utopsy findings	
× 5 8 8 8	Completed						perfo	rmed?	complet	e prior to tion of cause	
The law ate has page 2	E						10	Yes 2 No	The second		
vician: The certificate rector, pag		25. Wes case referred to medical				00 Di(F			I Li Yes	s 2 No	
Physician: r this certifica	o Be	examiner?	Hospitel: 1 ☐ Inpatient 2 ☑	ER/Outpatien	. 20 DOA 01	ther	eeth (Check only	117/7	(04-)		
This age	1. To	27. Menne of Deeth	28e. Dete of Injury	28b. Time of	I SO DON	4 C Nuising	Home 5 Resi	how injury occur			
ding Phy th. After thi	ţ	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	Injury	Wo	ork?]Yes 2 ☐ No		,,			
Attending or death. ector: After by the fune	fica	3 Suicide 6 Could not be		nme farm str			28f. Location (Street end Numb	per or Rural Rou	ite Number	
or Attend efter death Director: A	Certification:	4 ☐ Homicide determined	building, etc. (Specif	y)	out, lautory, omou		City or To			10 / 10///00//	
To the Hospital or A within 24 hours efter To the Funeral Direct completely filled in b	edical C	29e. Certifier (Check only one) Certifying Phy	/sician: To the best of my kno liner: On the besis of examina end menner steted.	wledge, deeth tion end/or Inv	occurred et the t vestigation, in my	ime, dete end ple opinion, deeth oc	ce, end due to the curred et the time,	ceuse(s) end me date end plece,	enner es steted. end due to the	ceuse(s)	
of the	Me	29b. Signature and title of certifies			29c. Licen	se number		29d. Date signe	d (Month, Day,	Year)	
F \$ F 0		V mla Mill	May Deputy	NE		4641	9	101	31/9	16	
1.		30 Nome and address	ampleted and other of	146	Deleat)	, -		10/	-111	1	
		30. Neme end eddress of person who o	e Ombleted cause of deeth (Item	1/23a) (Type,	erint)	Dr PI	9 parlene or Radall	Letch	ford		
	toto	31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	ture					-		
S Regis	tate trar	10	NO	VA C 1	996. de	ilin Davide	or Rarball				
110913		10	NU	V U D 1	000						



State of Maryland / Department of Health and Mental Hygiene 96 34480

						Cen	tificate of	Death		R	leg. No.				
	Physic /Medi		Decedent's Name (First, Middle, Las WILLIAM CHES)		HOP, S	SR.	.,			2. Date of Dea Month OCtober	Day	Yeer 996	3. Time of Death		
	Examir		The state of the s							cation of Deeth					
f	Funeral Director		6564 Mt. Olive Chr 5. Social Security Number 6. Se 217-30-7874		o (In yrs. last l	birthdey) Yrs.	If Under 1 Yee Months Days	Hours Min. (Month, I			Worce Year) 2, 1912	plece (State or Foreign ntry) yland			
			Usual Residenca of Decedent							Dec. 27	, 1/12				
	oth with the Marylan 23a or 28a-f show	Director	Maryland Worcest	er	10c. City, To Snov	wn or Loc w Hil							10d. Inside City Limits 1 ☐ Yes 2 No		
	Vith th		10e. Street and Number	1 5 1			10f. Zip Code			1		. Citizen of What Country?			
21215-0020	99th v	erai	6564 Mt. Olive Chu							aifu Vaa ar Na	USA	oo - Amori	can Indian,		
	72 hours after deeth with the Maryland natural; or items 23a or 28s-f show oftes! Examiner must be notified at	by Funeral	1 Never Merried 2000 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		lf.	Yes, specify Cul	f Hispenic Origin? (Specif aban, Mexican, Puerto Ric o Specify:		Rican, etc.) Ble		ock, White, etc. African America			
5-0	72 ho	eted	15. Decedent's Ed (Specify only highest grad		16		ent's Usual Occu		of workin	na	16b. Kind of 8	Business/ir	dustry		
121	S _ 39	Completed	Elamantery/Secondary (0-12)	Collega (1-4or 5		laborer			od)			Porduo Inc			
d 2	Hygl Hygl		8th grade 17. Father's Name (First, Middle, Last)			18. Mother	's Name	Perdue,							
an	Mental Mental arked o	To Be	William Edward Bis							abeth J					
Maryland	S DE E	-	19a. Informant's Name/Ralationship (7	Type, Print)	15	19b. Mailing Address (Street and N			or Rura	l Route Number	r, City or Town	o Code)			
			Lillian Bishop/wife		sc	same as above									
Baltimore,	200		20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Lo								20c. Location				
ţim	thent of I tant: If its jury or or		4 □ Donation 5 □ Other (Specify	')	Cools								Maryland		
Bal	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Service Licansee 22. Neme and Address of Fecility 1213 Jersey Road - Salisbury, Jolley Memorial Chapel 21801												
			Paricin (1. Juli	ly								21801		
À	Physician /Medical		23e. Pert1. Enter the disease, or comp shock, or haart failure. List only o	one cause on each lin	ia.	o not ente	r the mode of dy	ring, such es c	ardiac o	r respiretory err	est,	1	Approximate tntarval Between Onset and Death		
	Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Conc	ESTIV	r	CARPI	1 AC	FB	HIVRE			1 wh		
		Jer			Due to (or es		uenca of):						2 mm m Th		
	cuted	Examiner	Sequentially list conditions	b. #7V	Due to (or as	a consequ	uence of):						לבון מוליחו ל		
68760,	ertificeta be axecuted ding physician and se as the buriel-transit	edicai Ex	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last	c CACH		+	1 N AM	ITION					6 mounts		
X	ding ding	3	resulting in death) Last	a. METASTUTIC CARCINIMA						PROS	1	5 YLARS			
B.	death he etter ed for u	Physician	Part II. Other significant conditions co	ontributing to death bu	In the un	jiven In Part i.		23b. Dld to	obacco use co	contribute to the cause of death					
P.0	that the de ad by the detached		DIABSTUS	1201 11						1 U Y	bably 4 Unknow				
ds,	\$ 5.8	l by	01000/4)	MERCITO,	2			·	_	arrini//		1 045 14	fore automorphic disease		
Record	2 s 2	Completed								24a. Was a perfor		a	/ere autopsy findings vallable prior to empletion of cause death?		
	E se a	Con								1 □ Y	es 2 No	1	☐ Yes 2☐ No		
of Vital	Physician: The this certificate and director, pag	Be	25. Wes case referred to medical axaminer?	Hospital:					of Death	(Check only or	ne)				
of	this aldi	: To	1 ☐ Yes 2 No 27. Manner of Death	1 ☐ Inpatie		Outpatient Time of	3LI DOA			ne 5 Reside			fy)		
	After fune	tion	Natura! 5 Pending 2 Accident Investigation	(Month, Day	Year)	tnjury	28c. Inju We M 1[ork? ⊡Yes 2∐N		tou. Describe III	ow injury occu	1160			
Division	of or Attending after death. Director: Attending	ifica	3 ☐ Sulcide 6 ☐ Could not be	28a. Place of inju	ıry - At home,	farm, stre	et, factory, office	3	2	8f. Location (S	treet and Num	ber or Rui	al Route Number,		
Ö	s afta	Certification:	4 Homicide	building, afc	. (Specify)					City or Tow	n, State)				
	To the Hospital or Attentwithin 24 hours after deatl To the Funeral Director: completely filled in by the	edicai	29a. Cartifier (Check only one) 1 Certifying Phy	velcian: To the best o liner: On the besis of end manner sta	examination a	ge, death and/or inve	occurred at the t estigation, in my	tima, data and opinion, death	place, e occurre	end due to tha c ed at the time, d	eusa(s) and m late and placa,	anner as : , end due !	stated. o the cause(s)		
	To the within 2 To the comple	Σ	29b. Signature end title of cartifier					nse number			29d. Dete sign				
			John Lh &	of Mas, UK	0,		D	5 865	5		10-	25-	96		
_	10		30. Name and address of person who of ROBLRT C.	completed cause of de	eth (Itam 23a	(Type, F	104 N 1	BAYS	31	Smonth	1724,	MO	96 21843		
	Sta Registr		31. Date filed (Month, Day, Year) OCT 2 8 199	Registre	r's Signature	1 11									
	ricgisti	C11	99.20100	Jan Kar		work									

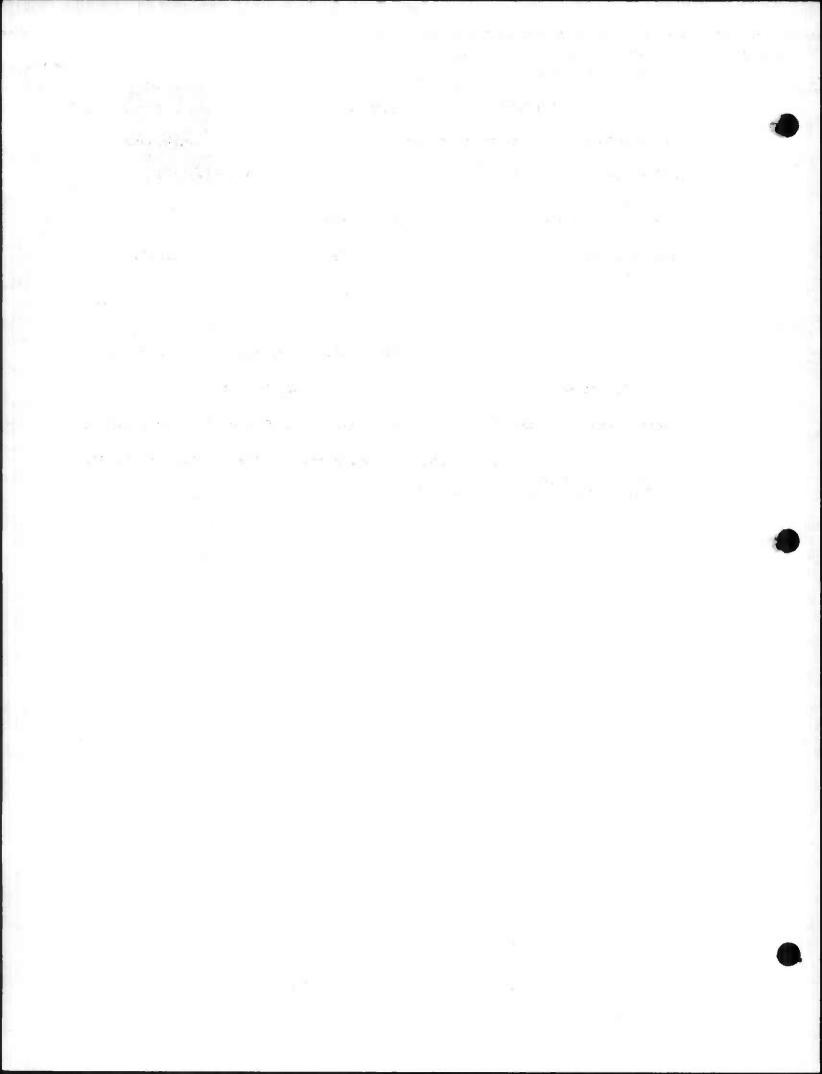
- 12 AM - 12 S. A. I.

					State of M	aryland			of Health are of Death	nd Mental H	ygiene g	6	34481		
			1. Decedent'a Nam	ne (First, Middle, Last)					2. Deta of E	eath		3. Time of Death		
	Physic								Octobe	er 24, 1	Year 996	2:35 AM			
1	/Medi Examii		4e. Fecility Nama (If not Institution, give	street end number)			24,000		n, or Location of Dea			2.55 AN		
	LAGIIII	ici	Salisbu	ry Center/	care		Salisbu	rv. MD	Wicon	nico					
-	Funeral		5. Sociel Security N	Number 6. Se	x 7. Ag	No. Pro	est birthdey)	If Under 1	Yaar If Undar 24	Hrs. 8. Dete of E			place (Steta or Foreign		
	Director		216-05-55 Usuel Residence of		M 2DF	83	Yrs.	Months	Deys Hours	Min. (Month, L Aug 2:	1913	Cour	Conn.		
	72 hours after death with the Maryland natural', or items 23a or 28a-f ahow dired Examiner must be norified at		10a. Steta	10b. County		10c. City	, Town or Loc	cation				1	10d. Inside City Limits		
	M Page	Funeral Director	Md.	Somer	set		Princ	cess A	nne				1 ☐ Yes 2 ☐ No		
	ith th	P	10e. Street and Nu	mber				10f. Zip 0	Code		10g. Citizen of	What Cour	ntry?		
	23a	<u>e</u>	Manokin	Manor				218	353		U.S.	Α.			
	eme.	au-	11. Meritel Stetus		12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent Ever in U,S. If Yes, si			Ves Decede Yes, specif	ent of Hispanic Origin by Cuben, Mexican, I	n? (Specify Yes or It Puerto Rican, etc.)	lo- 14. Rac	e - Americ	can Indien,		
20	or it	F		ried 2 Merried	1 Yes 2 Y	No		☐ Yes 2	,		Specif				
00	ural'.	d by	3 Widowed		Year or Detes:							MILLE			
21215-0020	nati	Completed	(Spec	15. Decedent's Edu cify only highest grad	cation e com <i>pleted)</i>		16a. Deced (Give I	ent's Usuel kind of work	Occupation done during most on retired)	of working	16b. Kind of B	usiness/In	dustry		
12	within ena. then "	ם	Elementery/Seco	ondery (0-12)	College (1-4or	5+)									
	Hygie ther t	ပိ	17 Fethada Nama	(First, Middle, Last)	4		Publi	c Rel	ations Di		Power				
Maryland	be di	Be								s Name (First, Midd	ie, Meiden Suman	na)			
Ž	should be nd Mental marked o	P		• Stinson						Taylor	· ·				
8	2 sho		19a. Informent's N	eme/Reletionship (Ty	rpe, Print)		19b. Meilin	g Addrass (Straet end Number	or Rural Route Num	ber, City or Town,	State, Zip	Code)		
	and ealth m 27		Thomas S		Cousin	1			Ridge Dr.						
OF	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, the Modical Examiner must be notified at once.		20e. Method of Dis	position	Removel from State		aca of Dispos metery, crem	sition (Neme letory or oth	e of ner plece)	Dete	20c. Location	City or To	own, Stete		
Baltimore	Pag ment ant: ury			5 ☐ Other (Specify)			bridge	e, Cre	ematory	10/24	Cambrio	ige,	Md.		
a	permit. Departrimports any infe		21. Signature of Pu	inerel Service Licens	4	6	7 22	Nama and	Address of Fecility						
Ш	807 29		De Zel	iald (/srus	10	Bo	ninde	Funeral H	Iome Sal	shurv.	۸d.			
			23a Part1. Enter t	ha disaese, or comp	cetions thet caused	d the death.						10.0	Approximete		
-8	Physician		SHOCK, OF HEE	ort failure. List only or	ne ceuse on eech II	ne.						1	Intervet Between Onset end Death		
9	/Medical		Immediete Ceuse diseese or condition	(Finel	006	Dahar	120	5	0825.	Same	-0	1	10 DAUS		
	Examiner	Examiner	resulting in deeth)	yr) (6	e. //15 /c	Due to for	as a consequ	uence of):	9-3/3/	20000			0		
					N	K 0 17	المحمد	5	reposis,	Colons (Ancer	-			
	be avacuted sician and burial-transit		Sequentially list on	anditions	b	Due to (or	es e consequ	ience of).	Not see the	CO CO -C					
Ć,	anso in an		Sequentially list co if any, laading to in cause. Enter Under	nmedieta eriving		240 (0)	00 0 00110040	301100 017.							
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68	ficat phy as th	_	resulting in deeth)	Lest		Dua to (OI)	as a consequ	ierica orj.							
Box	nding use g	2			d										
m	es that the death certifica igned by the attanding ph be detached for use as th	by Physician/Med	Post It Other signif	ficent conditions con	stable ratio or to plan at a decider		Maria de Abrasona	4 - 4 - 5	and the Books	ant pl	d Anthon				
P.O.	by the	hys									Yes 2□No		o the cause of death? bably 4 Unknown		
<u>-</u>	that bed to	y P	SNIE	no vesi	cle	F1-	Stril	n			J Yes 2∟ No	3 Pro	bably 47 Onknown		
Records,	requires that the death certifica been signed by the attanding ph hould be detached for use as th		/ . 15	no vesi			. 00			24e. We	s an eutopsy		ere eutopsy findings		
00	v require been si should	Completed	Cogs	MIP	7-120	C1 i	1/0			pe	formed?	CO	mpletion of cause		
Re	The law ate has b page 2 s	E D											deeth?		
ल										1	Yes 2 No	1[Yes 22 No		
Vital	Physicien: The law this certificate has t ral director, page 2 s	Be	25. Was case refer exeminer?		lospital:	-			0.1	f Deeth (Check only					
of	this ral di	٦.	1 ☐ Yes 2.2 27. Menner of Deet	NO	1 L Inpatie		R/Outpetient		4 Nurs	Ing Home 5 ☐ Re			(y)		
	e fe	LO	1 Naturel	5 Pending	28e. Dete of Inju (Month, Da	y Year)	28b. Time of Injury		c. Injury et Work?		e how injury occur	red			
Si	Attending or death. ector: After by the fune	cat	2 ☐ Accident 3 ☐ Suicide	Invastigation 6 Could not ba				М	1 Yes 2 No		(0)		10		
Division	frer chines	Certification:	4 Homicide	determined	28e. Pleca of Inj building, et			et, factory,	office		(Street end Numl own, Stete)	oer or Hure	el Houte Numbar,		
	urs a ral E														
	To the Hospital or Attending Ph. within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifier (Check only	2 Medical Examin	ner: On the basis of	exemination	riedge, deeth on end/or inv	occurred et estigation, i	t the time, date end p n my opinion, death	place, and due to the occurred at the time	e ceuse(s) end ma e, date end placa.	anner es s end due to	teted. o the ceuse(s)		
	the the land	Med	one)		end menner ste	eted.		-							
	Vii Vii		29b. Signature end	utile of certifier	. / -			29c.	License number		29d. Date signe	,			
			P	in	mo			D-	-39813		10/	24/	196		
			30. Name end eddr	ess of person who co	mpteted cause of d	eeth (Item	23e) (Type, F	Print)				- /			

State Registrar Michael R. Atkins, M.D.
31. Date filed (Month, Day, Year)
32.
0CT 2.5 1996

2. 1104 Healthway Dr., Salisbury, MD 21804
32. Registrer's Signature

Salisbury, MD 21804



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

30. NAME AND ADDRESS OF P

31. DATE FILED (Month, Day, Year)

OCT 23 1996

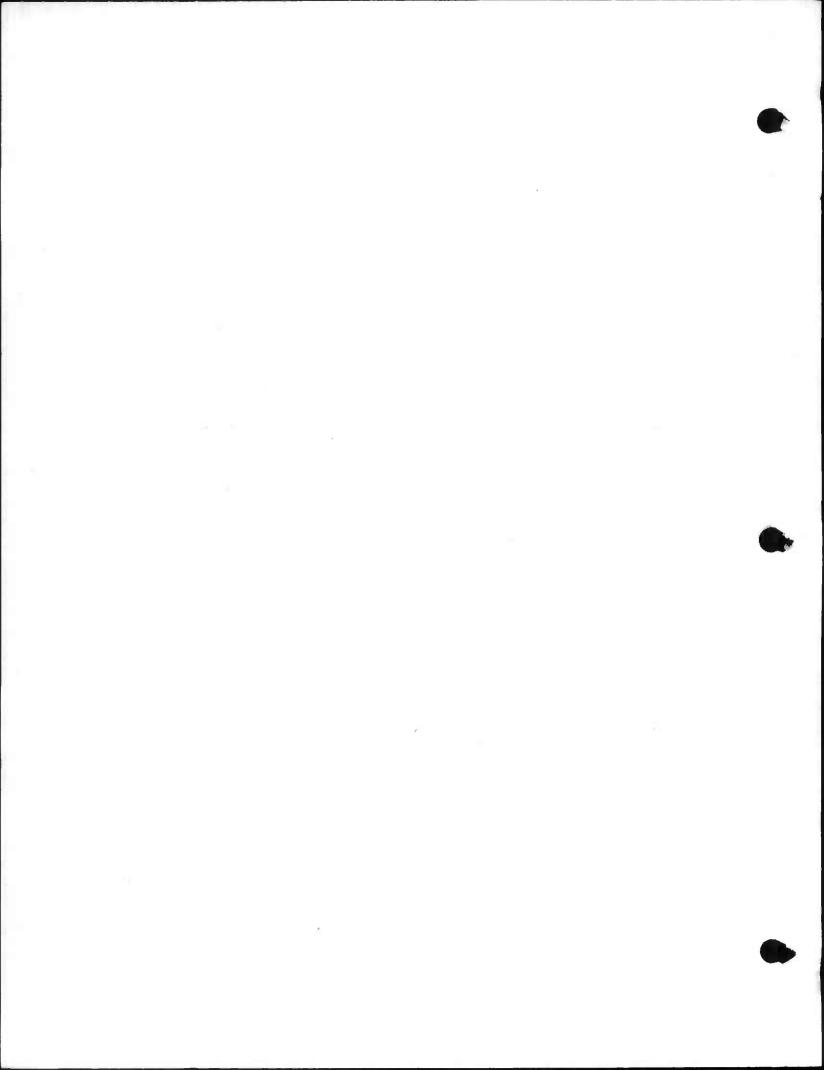
STDN, M.O. OG P)
32 REGISTRAN'S SIGNATURE
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	1 - STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR	TMEN	T OF H	IEALTH DEAT	AND I	MENTA	L HYGIEN	E	40		
	1. DECEDENT'S NAME (First, Midd	idle, Last)				10		by tar .		2. DATE	OF DEATH			3. TIME OF DEATN	
	Henry Samuel					A				MONT	H D/	**	YEAR		
	4. SOCIAL SECURITY NUMBER	5	. SEX	X 6. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH							21,19		053P W		
			XM2 □ F		YRS.	MONTHS				(Mont	h, Day, Year)]	8. BIRTN Countr	IPLACE (State or Foreign y)	
	220-32-7841			59	Tho.						. 4, 1	936		MD	
m	9a. FACILITY NAME (If not institution	lon, give stree	t and number)			9b. CIT	Y, TOWN C	OR LOCATE	ON OF DE	EATH		9c. COUI	NTY OF D	EATN	
ē	PENINSULA REG	IONAL	MEDICA	L CENTE	R.		SAI	LISBU	IRY			l ₩T	COMI	CO	
[[RESIDENCE OF DECEDI	COUNTY			T 40 - 017	M TOMAL	OR LOCAT					- 11			
DIRECTOR								_						10d. INSIDE CITY LIMITS?	
	MD 10e, STREET AND NUMBER	MOI	rcester			SHOW	Hil							YES 2 NO	
FUNERAL							10f	. ZIP CODI	_			10g. CITI		VHAT COUNTRY?	
ji ji	421 S. KMChu	rch St						21	863				U.S.	•	
5	11. MARITAL STATUS			T EVER IN U.S. AF		13.					1? (Specify Yes	or No-	14. RACE	- American Indian,	
ВУ	1 Never Married 2 Marri 3 X Widowed 4 Divorced	fed	IF YES, GIVE W		40		1 YES				Rican, etc.)		or No— 14. RACE — American India Black, Whita, etc. Specify:		
	3 [2] Widowed 4 Divorced												Black		
COMPLETED	15. DECEDEN (Specify only high	NT'S EDUCAT	TON moleted)	18a. DE	CEDENT'S	USUAL C	CCUPATIO	N et of workin		168	KIND OF BUS	INESS/IND	USTRY		
	Elementary/Secondary (0-12)		College (1-4 or 5 +) ite	ive kind of a Do NOT us	se retired.)	during mo.	at or worker	ער						
	10			1	ieta	ry I	'echn	icia	n		Foo	d Sei	cvice	9	
Ö	17. FATNER'S NAME (First, Middle,	Last)						18. MOTI	NER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE 0	Samuel Henry B	Bowen							Char	lott	e Harm	on			
	19a. INFORMANT'S NAME (Type/Pr			19	b. MAILING	ADDRES	S (Street a	nd Number	or Rurai F	Poute Num	ber City or Town				
임	Henrietta Ianl	kford			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zij										
	Henrietta Lankford 413 Overbrook Dr., Salisbury, MD 2180 20s. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Company													- 0	
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Spec		from State	cemetery, cre	matory or o	ther place)			1					
	21. SIGNATURE OF FUNENAL SER		sed /	Mt 7	ilon		COMET			10/	25 Sn	OW H		MD	
1 1	1	//	1.1	-							uneral	Home	2		
Ш	1/Du	W	whe					-			lisbur			301	
	23. PART I. Enter the disees	ses, or com	plicetions the	caused the de	eth. Do r	not ente	r the mod	de of dyi	ng, sucl	h sa can	flec or respi	ratory sm	est,	Approximats	
	shock, or heart i	reliure. Lis	t only one csu	se on each line).									Interval Between Onset and Death	
1 1	disease or condition												Chaet shu beath		
	resulting in death)	0	DUE TO	UE TO (OR AS A CONSEQUENCE OF):											
-		4.0	. (PAD	4/										
RTIFICATION	Sequentially list conditions,		DUE TO	OR AS A CONSEC	DUENCE OI	n:									
🗏	if any, lesding to immediate cause. Enter UNDERLYING					•								j	
[표]	CAUSE (Disesse or injury thet initiated events	-	DUE TO	OR AS A CONSEC	DUENCE OF	F):								-	
E	resulting in death) LAST														
8		0												1	
4	PART ii. Other significent co	onditions c	ontributing to	deeth but not r	esulting	In the u	nderiying	cause g	iven in	Pert i.	24a. WAS AN	AUTOPSY	246.	WERE AUTOPSY FINDINGS	
MEDICAL	D.M	TYP	re 2								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
i ii		/										Direc		OF DEATH?	
	DID TOBACCO USE O	CONTRIB	LITE TO CAL	ISE OF DEA	TH VE	с П	NO 🗆	LINIC	EDTAIN					1 TYES 2 THO	
PHYSICIAN:	25. WAS CASE REFERRED TO MED		OIL TO CA		E OF DEAL			ONC	CKIAII	<u> </u>					
잃	EXAMINER?	H	OSPITAL:	/		OTHE	R:				_				
=	27. MANNER OF DEATH		28a. DATE OF	ER/Outpatient 3			rsing Home		sidence	_					
	1 Natural 5 Pendi	Ina	(Month, De	ny, Year)	28b. TIM INJ	URY	28c. INJU WOI	RK?	.	28d. DES	CRIBE NOW IN	IJURY OCC	URED		
E I	radiouix	tigation						ES 2	NO						
8	3 Suicide 6 Could 4 Homicide Getern		building,	FINJURY — At ho etc. (Specify)	me, farm, s	street, fec	tory, office)	- 1	28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,	
E .			L												
릴				my knowledge, de											
COMPLET														and manner as stated.	
Ш	296. SIGHATURE AND TITLE OF C								NSE NUM					(Month, Day, Year)	
m	ONAnaren	h						/	29	10	5	► /C	103	191	
임	30. NAME AND ADDRESS OF PER	SON WNO C	OMPLETED CAUS	F OF DEATH (ITE	4 27) /Ema	Delet		U	01	,		- /	100	116	

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SALISBUTY, MO



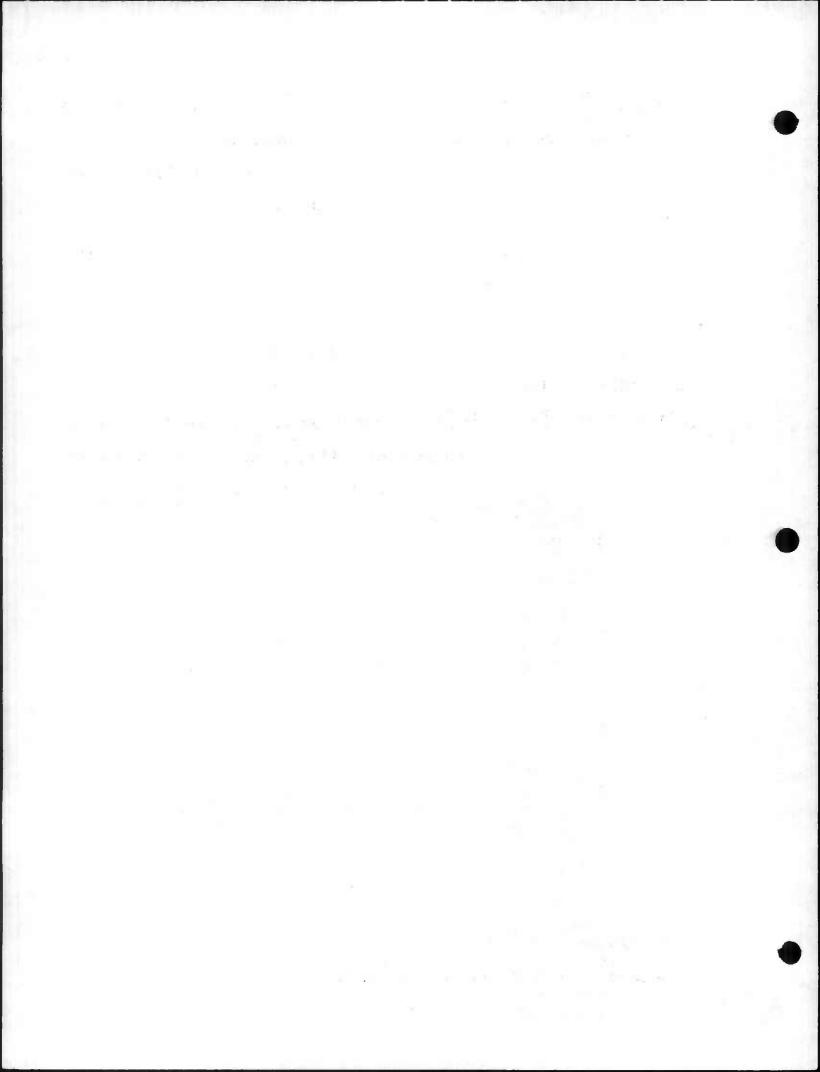
				State of M	arylan		epartmer Certificat			Mental Hy	/giene 5	6	34483	
	Winds.		1. Decedent's Name (First, Middle, I	.ast)			12 77			2. Date of D	eeth		3. Time of Death	
L	Physic		Antoinette	Mary			Ball			Month	nber 3.	1996	5:15 an	
	/Medi Exami		4e. Fecility Neme (If not institution, g	ive street end number)					4b. City, Town, c	or Location of Dee			J.25 a	
			Maryland Ge	neral Hospi	ital				Вал	timore				
	Funerai Director		219-58-1142	Sex 7. Ag 1 □ M 2 1 F	e (In yrs. I	last birtho	Months	1 Year Deys	if Under 24 H Hours Mi			Count	ace (Stete or Foreign ry) rland	
	Marylend -f show	tor	Usuei Residence of Decedent 10a. Stete 10b. County MD		10c. City, Town or Location Baltimore					City		10	od. Inside City Limits 1X Yes 2 □ No	
	th with the 23a or 28a ant be not	Funeral Director	10e. Street end Number 50 W. Frankli	n Street	Street 212				L		10g. Citizen of Whet G		•	
020	iges 1 and 2 should be filed within 72 hours efter death with the Maryland it of Health and Mentel thygiene. If Itams 27 is merked other than "natural", or Itams 23s or 28s-f show or other traumatic event, the Modical Examinat must be nothed at	by	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?					lispanIc Origin? en, Mexican, Pue Specify:	(Specify Yes or Nerto Rican, etc.)	o- 14. Ra Bie Specil	ck, White, e	- Americen Indien, ; White, etc. White	
21215-0020	within 72 ho ene. then *natur	Completed	15. Decedent's (Specify only highest g	rade completed)	de completed) (Give kind of work life. DO NOT use			_		vorking	16b. Kind of B			
Maryland 2 d 2 should be filed v	Hygi ther unt,	Ö	unknown 17. Fether's Name (First, Middle, Les	it)	Register					ame (First, Middle			E	
	d be entel	o Be	Alexander Si	Rosa		, 111010011 0011101	110)							
	2 shoul end M. Is mari	2	19e. Informent's Neme/Relationship			19b. M	lailing Address	(Street end Number or Rural Route Number, City or Town, State, 2					Zip Code)	
	od 2 is 27 is r frau		Elizabeth Kri		.D.)					ive, Ar			21012	
Baltimore,	s 1 end f Health tam 27 i		20a. Method of Disposition		20b. PI				a) 1/4/9		20c. Location			
9	Pages nent of H ant: if Ita		1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec						ions,		Hamps	tead.	MD	
	교원은 등		21. Signeture of Funeral Service Lice				22. Name en							
ñ	Depa impo any ir			Daise.		_	Drit	H 0 1	Zunora 1	L Home	& Chap	el		
	_		23a. Pert1. Enter the disease, or co shock, or heart feilure. List onl	mplications that caused	the death	Do not	412	Wash	ningtor	Rd.,	Wastmi	nster	Approximete	
	Physician		shock, or heert feilure. List onl	y one ceuse on each li	ne.					eo or roophololy t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Oliset ello Death	
7	/Medical Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)	Α.		Se	psis						unknown	
			resulting in deethy	Uı			act Inf	ect:	ion			1	unknown	
/60,	ete be executed hysician end the buriel-transit	cal Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	c	Due to (or es e consequence of): Conjestive Heart Failure c								unknown	
P.O. Box 687	certificete nding physise es the	Physician/Medic	thet initieted events resulting in deeth) Lest	d	Due to (or es e consequence of):									
ñ	seath etter	Iciai	Pert II. Other significent conditions	contails ution to double by		41 - 1 - 4b				not pid				
	r requires that the death certifice been signed by the ettending ph should be detached for use es ti	by Phys	Diabetes, Deci			ung in m	e underlying c	ause giv	en in Pert i.				the cause of death? ably 4 death?	
Division of Vital Records,		Completed t			_					24a. Wes	en eutopsy ormed?	con	re eutopsy findings llebie prior to apletion of ceuse eeth?	
_	The ate h	NO.								10	Yes 2 💢	1 🗆	Yes 2□ No	
<u>a</u>	ysician: The lev is certificate hes director, page 2	Be (25. Wes cese referred to medical exeminer?						26. Place of De	eeth (Check only	one)			
>	hysic li dire	10	1 ☐ Yes 2 ☐ No	Hospital: 1 Anpatie	nt 2 🗆 E	R/Outpe	tient 3 DC	Oth	er: 4 🗆 Nursing	Home 5 Res	Idence 6 Oth	er (Specity,)	
nois	anding P. seth. or: After ti	ation:	27. Manner of Death 1 □ Natural 5 □ Pending 2 □ Accident investigation	(Month, De)						28d. Describe how injury occurred				
Š	tal or Atta	Certification:	3 ☐ Suicide 6 ☐ Could not determined	Zee. Piece of inju	28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route City or Town, Stete)								Route Number,	
	To the Hospital or Attanding Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai	(Check only 2 Medical Exa	hysician: To the best of miner: On the besis of end menner ste	exemineti	rledge, de on end/o	eth occurred or Investigation,	et the tin	ne, dete end place olnion, deeth occ	ca, end due to the curred et the time,	ceuse(s) and me dete end plece,	enner es ste end due to	eted. the cause(s)	
	with To1	2	29b. Signeture end title of certifier Repu	m.D.			1 2 2 2		o925		29d. Dete signe	d (Month, D	ley, Year)	
			30. Name and address of person who Dr, Syed Haque	completed ceuse of de C/O Maryla	eth (Item	23e) (Tyl	pe, Print) al Host	Ita:	L					

State Registrar

31. Dete filed (Month, Day, Year)

NOV 06 1996

32. Registrer's Signeture



State of Maryland / Department of Health and Mental Hygiene 96

96 34484

				(Certificate d	of Death	F	Reg. No.	V	0440			
Physician /Medical	-	1. Decadent's Neme (First, Middle,		Albert	Brown,	Sr.	2. Dete of Dee	28	996	3. Time of Dea			
Examiner	_	4a. Facility Nama (If not institution, Union Hospital				4b. City, Town, o	or Location of Deeth	4c. County Ceci					
Funeral Director		212-28-7206	5. Sax 1 [X] M 2 □ F	ge (In yrs. lest birth	Months De			, Year) 1929	9. Birthp Cour Mar	piece (Stete or Fo ntry) y land			
*	-	Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location				-	IOd Incide City I			
o sh	5	Maryland Cecil		Elkton			10d. Inside City I 1)☑ Yas 2						
288-	5	10e. Street end Number		- Zancon	10f. Zip Cod	la .		10g. Citizen of \	Mhat Cour				
r items 23s or 28s-f s		913 North Brid			2192	1		U.S.A.					
2	2	11. Maritei Stetus 1 □ Naver Married 2 ☒ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forcas 1 XYes 2 ☐ If Yes, Give Yeer or Detes:		13. Wes Dacedent of If Yas, specify C		(Specify Yas or No- arto Rican, atc.)	14. Rac Blee	ck, White,	can Indian, atc. ite			
ygiene. ner than "naturi f. its Wadeal	upleted	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	Education grede completed) College (1-4or	5+)	Decedent's Usuei Oc Giva kind of work do life. DO NOT use re	ne during most of w tired)	vorking		nd of Business/Industry				
CO The state of	3	12			Office Man		Power Company						
Mental H arked oth atic even	Ď l	17. Fathar's Name <i>(First, Middle, Le</i> Leonard	A. Brown,	Sr.		18. Mother's N	leme (First, Middle, Gertrude		ne)				
27 is me		19e. Informent's Neme/Reletionshi The lma E. Brow			Mailing Address (Str. 3 North B:					tete, Zip Code) 21921			
Popularies of the service of the ser		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donetlon 5 ☐ Othar (Spe		cemetery,	ca of Disposition (Nema of netery, crametory or other place) in Manor Memorial Park Date 11-1 1996 Elkton, Maryland								
Department important: any injury once.		21. Signature of Funerel Service Li	.A.										
Jan-	23a. Part1. Enter the disaasa, or complications that caused the daath. Do not antar tha mode of dying, such es cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line.												
Medical stranger and contract transmit		Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or es e co	Anenia		N .			3 days 7 days 10 days			
ing phys	cian	Medic	Medic	thet initiated events resulting in deeth) Lest	d	Due to for as a co	nsequenca of):		23b. Dld t	obacco use co	ntribute to	o the causa of c	
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2 should be	2	Peri	tec Clock	scular	Drienie			en autopsy med?	av	ere autopsy find eilable prior to empletion of cau- deeth?			
s certificate has director, page 2							1 🗆 Y	es 200 No	1[□Yas 2□No			
ral director, pag		25. Wes case referred to medical exeminer?				26. Placa of D	eath (Check only o	ne)					
		1 ☐ Yes 2 ☑ No	Hospitel:	ent 2 ER/Outp	etient 3 DOA	Other: 4 Nursing	Homa 5□ Resid	lenca 6 🗆 Oth	er (Specif	fy)			
leath. lor: After th the funeral cation:		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident Investige	28e. Dete of Inju (Month, De	lry 28b. Tir ny Year) Inj		njury et Work? I Yes 2 No	28d. Describe h	ow Injury occur	red				
203		3 Sulcide 6 Could no determin	288. Piece of in	jury - At home, fem c. (Specify)	n, street, factory, offi	Ce	28f. Location (S City or Tow		er or Run	al Routa Numbe			
within 24 hours after To the Funeral Director Completely filled In Medical Cert		29a. Certifler (Check only one) 1 ☐ Certifying 2 ☐ Medical Ex	Phyalcian: To the best aminer: On the basis o end menner st	f axaminetion and/	deeth occurred at the or Investigation, in m	e time, dete end ple ny opinion, death oc	ice, end due to the courred at the time, o	ceuse(s) end modete and pleca,	enner es s end due to	teted. the cause(s)			
vithin Fo the compl		29b. Signature and titla of cartifiar	_		29c. Lic	ensa number		29d. Dete signe	d (Month,	Dey, Year)			
750		1 Mh-P	MD		DE	17711		10/3	0 9	6			
O IVA	1	PAVIO GAR	o completed cause of c	deeth (Item 23e) (T	ype, Print) MAU Idi	N AVE	Nort	N EA	st.	md 2			

DHMH 16 Rav 6/95

Registrar

NOV 0 1 1996

Julia Savidson Rondoll

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 2 1996 0200 11 Bayer Stella 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Anne Arundel Medical Center Annapolis Anne Arundel 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 9. Birthplece (Stete or Foreign Country) New York 8. Date of Birth (Month, Dey, Year) 6-23-36 1□M 2/□F Deys Hours 60 Yrs. 072-28-6778 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes ŽÔ No Anne Arundel Harwood 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20776 USA 223 South River Clubhouse Rd. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 21 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Financial Bookkeeper 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Japhet Anna Schenase David 19e. Informent's Neme/Reietlonship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 20776 223 South River Clubhouse Rd. Harwood MD Stuart Bayer 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 11/4 4 ☐ Donetion 5 ☐ Other (Specify) Catonsville, MD Metro Crematory 21. Signature of Funeral Service Licens 22. Neme end Address of Fecility
Barranco & Sons Funeral Home Severna 495 Ritchie Hwy Park MD 21146 for the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Great caucer Immediate Ceuse (Fine) disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es a consequence of): Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? 21 (No 1 Yes 3 Probably 4 Unknown 24a. Was an autopsy 24b. Were autopsy findings available prior to n of cause 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

10e. Stete

Director MD

þ

Completed

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Meryland Department of Heelth and Mental Hyglene. Important: if item 27 is merked other than "natural", or items 23a or 28s-1 show any injury or other traumatic event, the Medical France.

Examiner physician and the burief-transit Physician/Medical 98 use ò signed by the a by

25. Was case referred to medical

Completed page 2 funeral director Be 2 Certification:

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certificate

this

or Attending Physician:

Hospital

0

deeth.

24 hours efter deet Funeral Director:

within 2 the

filled in by

completely

Medical

Division of Vital Records, P.O. Box 68760,

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

26. Place of Death (Check only one)

1 Yes 2 Other: 4□ Nursing Home 5□ Residence 6□Other (Specify) 2 ER/Outpatient 3 DOA 27. Margaer of Deat 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending

Natural Axident 1 ☐ Yes 2 ☐ No investigation 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

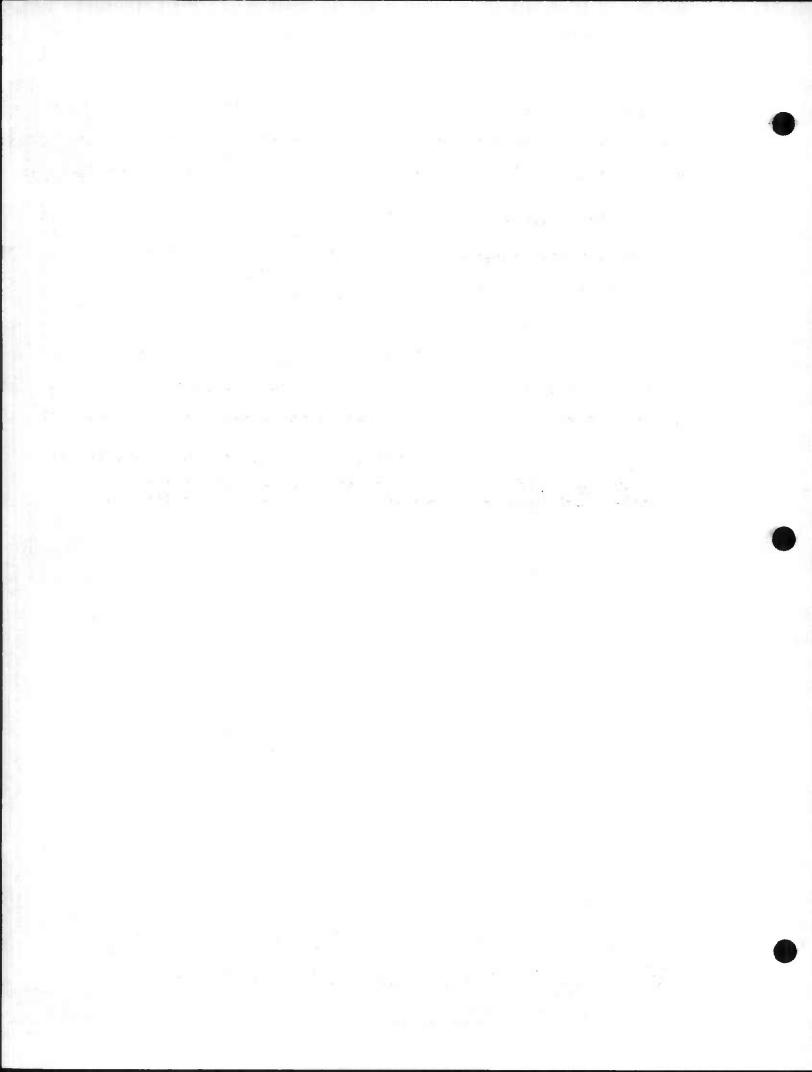
29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) er: On the basis of exa and premoer stated. nination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s)

29b. Signature a 29d. Date signed (Month, Day, Year)

31. Date filed (Month, Day,

State Registrar

Gelia Davidson Bandall



State of Maryland / Department of Health and Mental Hygiene Q 6

31.1.26

	АШ	ena	#18 11/6/96 cm	S	,	Cer	tificate c	of Death		Reg. No.	0 5	4.400
	Dh!a		1. Decedent's Name (First, Midd	dle, Last)					2. Dete of D			3. Time of Death
	Physic /Medi		FRANK	S			BARR	ANCO		BER 02	, 1996	2306PM
	Exami	ner	4e. Fecility Neme (If not institution		r)				n, or Location of Dee		ty of Deeth	
Ш		ш	UNIVERSITY H	+	.T.U.		M I Index 4 Vo		MORE CIT		timore	
	Funeral Director		5. Sociel Security Number 2 1 9 - 3 0 - 2 4 3 5	6. Sex 7. / 1 ☐ M 2 ☐ F	Age (In yrs. lest bi	Yrs.	if Under 1 Ye Months Da		Min. 8. Dete of B (Month, E Apr 2 4	orth (Pey, Year)	9. Birthplece Country) M D	e (Stete or Foreign
	buel w		Usuel Residence of Decedent 10e. Stete 10b. County	dy .	10c. City, Town or Location						10d.	Inside City Limits
	Mary Fired	tor	MD Bal	timore								1 ☐ Yes 2X No
	vith the	Funeral Director	10e. Street end Number 8001 York R	l o o d				10f. Zip Code 2 1 2 0 4		10g. Citizen of	f Whet Country's	?
	s 23g	ig is				40.11						
020	within 72 hours effer death with the Maryland ene. than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at		11. Maritel Status 1 ⅓ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	Armed Forces 1 Yes 22 If Yes, Give	1 ☐ Yes 2 ☒ No			of Hispenic Origin Juben, Mexican, i No <i>Specify:</i>	n? (Specify Yes or N Puerto Rican, etc.)	Io- 14. Ra Bl	ace - American I leck, White, etc. ity: Wh	
15-0	72 ho	eted	15. Deceder (Specify only higher	ent's Education est grede completed)	ducation 16e. Dece			ecedent's Usuel Occupetion live kind of work done during most of wo e. DO NOT use retired)		working 16b. Kind of		try
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	I Hygie other	Be C	17. Fether's Neme (First, Middle	, Last)				18. Mother's	s Neme (First, Middl	e, Maiden Sume	me)	
/lar	should be filed and Mental Hygi marked other umatic event, I	To B	Santi Barran	nco				Anne	Presti	Anna Pr	esti	
Maryland	ith er ith er 27 is		19a. Informent's Neme/Relation Salvatore B		other	b. Mailing	Address (Stre 79 De]	eet end Number	or Rurel Route Num Road, T	ber, City or Tow OWSON,	n, Stete, Zip Co M D 2 1	204
re,	-155		20e. Method of Disposition		20b. Pleca o	of Dispos	ition (Neme of	niego)	Date	20c. Location	- City or Town,	, Stete
mo	Peges nent of I nt: If Ita		1 Burlal 2 □ Cremetion 4 □ Donetion 5 □ Other (5		1	-	Valle		Nov 5	Timon	ium, M	D
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service	Licenson	Memor	1 a I	Name and Add	dress of Facility	Sons Fun	eral H	ome '	
Ш	2012		Lobert of	Age sons	1				y., Sev			D 21146
	Physician		23a. Part. Enter the disease, o shock, or heart feilure. Lis	complications that cause t only one cause on each	ed the death. Do line.	not ente	r the mode of o	tying, such es ce	ardiec or respiratory	errest,	Ap Int Or	pproximete lervel Between nset end Deeth
7	/Medical		Immediate Ceuse (Finel diseese or condition resulting in deeth)	1/1	O has	la	March	~7.~				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Examiner		resulting in deeth)	e	Due to (or as a consequence of):							
	po tis	line		b	<u> </u>							
oʻ	eath certificate be executed attending physician end for use es the buniel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that i		Due to (or es e	consequ	ence of):					
68760,	ete be hysicie the bu	edical	Ceuse (Disease or injury thet initieted events resulting in deeth) Lest	С.	cDue to (or es e consequence of):							
×	certific Iding p	 		d								
Bo.	death e atter	Physician/	Pert II. Other significent conditi	ons contributing to death	but not resulting i	in the unc	derlying cause	given in Pert I.	23b. Did	i tobacco use c	ontribute to the	e cause of death?
P.0	that the de ed by the deteched			•	10		,			Yes 2 No		A.
sion of Vital Records,	requires	Completed by							24e. We	s en eutopsy formed?	comple	eutopsy findings ble prior to etion of cause
Re	The lew ete hes t pege 2 s	dwo							4.09	Non ollai-	of deel	
tal		0	25. Wes case referred to medica	al				26 Place o		(Yes 2□No	10(46	es 2 No
>	Physician: this certific ral director,	ToB	examiner? 1⊠ Yes 2□ No	Hospitel:	llent 2 XER/O	utpetient	3□ DOA	Other:	f Deeth <i>(Check only</i> ing Home 5 ☐ Res		ther (Specify)	
0	ing Phy.		27. Menner of Deeth	28e. Dete of in	jury 28b.	Time of Injury	28c. In			how injury occu		
Sion	tending leeth. tor: After the fune	cation:	7427100100111	ligation 11-2	0/ -	oeo	M 1	☐ Yes 2 PoNo	रिक्री कि	man s	shuck	by cou
	y ct d #	¥	3 ☐ Suicide 6 ☐ Could	not be 28e. Pleca of Ir	niury - At home, fe	erm stre	et fectory offic	'A	28f. Location	(Street end Num	her or Rural Ro	oute Number

To the Hospital or Attendit within 24 hours efter deeth. To the Funeral Director: A completely filled in by the fu

30. Name and and

NOV 0 6 1996

31. Date filed (Month, Dey, Year)

4 Homlcide

29e. Certifier (Check only one)

6 Could not be determined

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner stated. 29b. Signature and title of certifie

29c. License number 29d. Dete signed (Month, Day, Year)

8209 Rulask

O.C.M.E.

NOVEMBER 03, 1996

ated cause of deeth (Item 23e) (Type, Print)

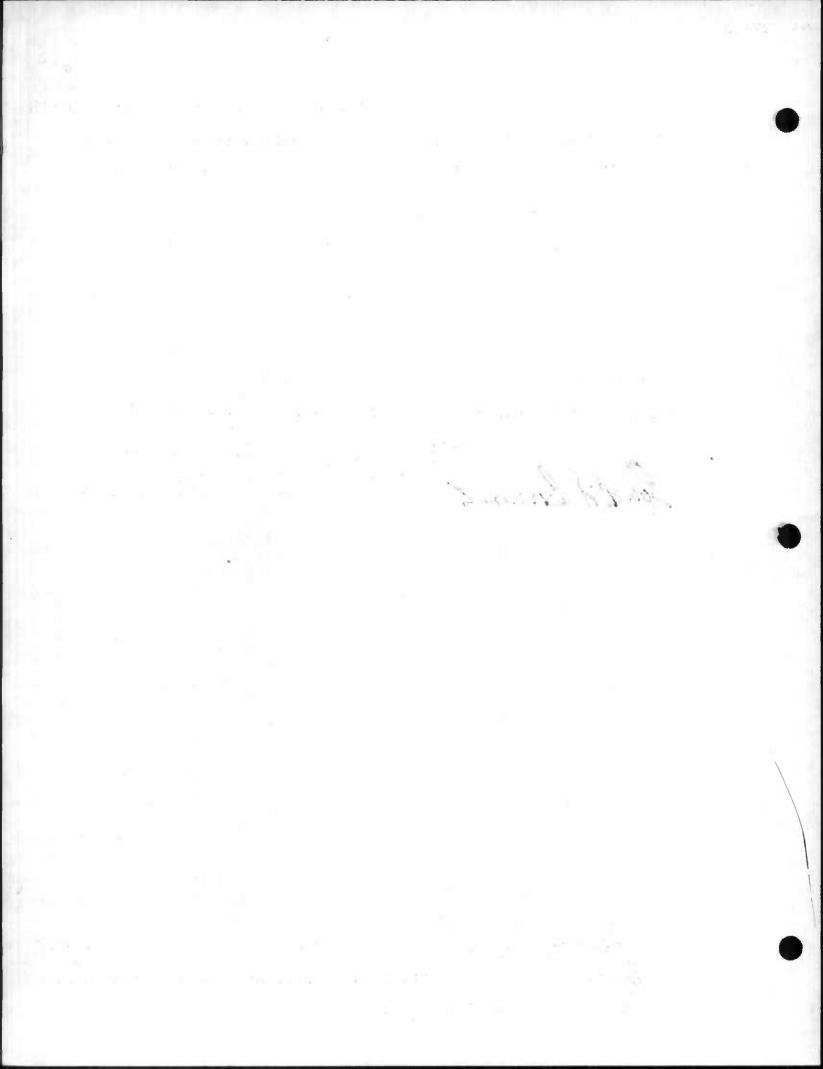
111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrer's Signeture

Ahia Tavidson-Randelle

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)



,	Amond #	1	7 11-6-96 cms	State of Mar		ariment of r rtificate of		th Reg. No.					
			1. Decedent's Name (First, Middle, Li	ast)				2. Date of De	eth		3. Time of Death		
	Physic		Elizabeth	Woods Byer	S			Month Octobe	r 27.	1996	4:30am		
3	/Medi Exami		4a. Facility Neme (If not institution, gir	ve street end number)			4b. City, Town, or	Location of Deeth			4:30 am		
-4			Chesapeake He	althcare (Center		Arnold		Anne	Arun	del		
	Funeral		5. Social Security Number 6.	Sex 7. Age (1	n yrs. lest birthday)	If Under 1 Year Months Days	If Under 24 Hr		h Vearl	9. Birthplac	e (State or Foreign		
	Director		200-36-15/6	1□ M 2□XF	94 Yrs.	Monano Dayo	Tibalo IVIII	Mar 1	5,1902	PA			
	pue *		Usual Residence of Decadent 10a. Stete 10b. County	10	Dc. City, Town or Lo	ocation				104	Inside City Limits		
	daryi f sho	ō		Arunde1	Arnold					100.	1 ☐ Yes 2 € No		
	with the Maryland a or 28a-f show Le notified at	rect	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Albat Country			
	death with the Maryland ms 23s or 28s-f show rmat be notified at	0	305 College P	arkway		21012	!		USA				
	death	Funeral Director	11. Maritai Status	12. Was Decedent Eve	r in U,S. 13.	Was Decedent of H	lispenic Origin? (Specify Yes or No- rto Rican, etc.) 14. Raca - American Indien, Black, White, etc.					
0	after or its	Fu	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 No If Yes, Give		if Yes, specify Cuba 1 ☐ Yes 2 2 No							
21215-0020	72 hours after netural, or ite	d by	3 ⅓ Widowed 4 □ Divorced	Year or Detes:		ILI Yes ZOINO	Specify:		Specify	Whit	е		
5-(net or	Be Completed	15. Decedent's E (Specify only highest gro	ducation ede com <i>pleted)</i>	16e. Dece (Give	dent's Usual Occup kind of work done DO NOT use retired	etion during most of we	orking	16b. Kind of Bu	usiness/Indus	try		
12	within ene. then	ם	Elementary/Secondary (0-12)	College (1-4or 5+)		<i>DO NOT u</i> se retired nemaker	d)		Uomo				
d 2	Hygie ther nt,	ပိ	17. Father's Name (First, Middle, Last	1	поп	lemaker	19 Matharie Na	ma /First Middle	Home	nel.			
Maryland	d be ental	a Be	Thomas A. Wo	ad a	C 111-			8. Mother's Name (First, Middle, Meiden Surname) Mable Showalter					
ary	Shoul Mark mark	2	19a. Informant's Name/Relationship (nnomas	S. Woods					State Zin Co	ode l		
×	nd 2 lith a 27 is r trac				ter 133	N. Car	olina A	Rural Route Number, City or Town, State, Zip Code) Ave., Pasadena, MD 21122					
Baltimore,	permit. Peges 1 and 2 should be filed within Deperment of Health and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, If a Medic.		20e. Method of Disposition		20b. Place of Dispo	sition (Neme of matory or other pled		Date 20c. Location - City or Town, State					
E	Pege nt: if ry or		1 ABuriei 2 Cremetion 3 ☐ 4 Donation 5 Other (Special					Nov 4 Connellsville, PA					
alti	mit. pertmoorts		21. Signature of uneral Service Licar	nsee	22	2. Name end Addre	ss of Facility						
m	SOE SO		MXXX-	S		arranco					VD 2 1 1 / 6		
			23a. Part / Enter the disease, or does	plications that caused the	death. Do not ent	er the mode of dyin	nie HW ng, such as cardia	c or respiratory ar	erna P rest,		MD21146 proximete terval Between		
	Physician		Van, or reservance. Clar only	A section of the control of the cont						Or	nset end Death		
-4	/Medicai Examiner		Immediate Ceuse (Final disease or condition	Congesti	ue 0	Reart	1-au	lune		/	Day		
ш	LAGIIIIIEI	Ļ	resulting in death)	Due Due	to (or as a consec	quenca of):	3	hefer	_				
	ed sit	nine		b. Pherro	~	Myses	molect	refer	ebus	1	Tear.		
	The law requires that the death certificate be executed its has been signed by the ettending physician end page 2 should be deteched for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Due	to (or es e conseq	uence of:							
68760,	be e siclan bunia		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C									
687	ficete physics the	edical	resulting in death) Lest	Due									
Вох	eath certific ettending p I for use es	2		d									
Ď	death e ette d for	Physician/N	Part II. Other algnificant conditions of	ontributing to death but or	at requiting in the u	ndodulna onuno sir	en in Deet I	205 Did	-b				
P.O.	that the de ed by the deteched	hys	Turn. Only agrifficant conditions	ontributing to death but he	A resulting in the u	idenying cause giv	en in Pert I.				e cause of death?		
S,	es the	by F							2010		19 423011111111111111		
Vital Records,	v require been sig should t	B						24e. Was	an autopsy		eutopsy findings ble prior to		
ecc	hes be	pie						perior	meur		etion of cause		
æ	The I	Completed						1 🗆 Y	es 2010	1 U Ye	es 2 No		
/ita	vician: The i certificate he rector, page	Be	25. Was case referred to medical examiner?				26. Place of De	ath (Check only o	ne)				
of V	000	2	1 ☐ Yes 212 No	Hospitai: 1 ☐ Inpatient	2 ER/Outpatien	t 3 DOA Oth	er: 4 Nursing I	lome 5 ☐ Resid	ence 6 Oth	er (Specify)	44.4		
u u	frer th	on:	27. Manner of Death 1 DNatural 5 □ Pending	28a. Date of Injury (Month, Day Ye	ar) 28b. Time of Injury	28c. Injun Worl	y et k?	28d. Describe h	ow Injury occurr	ed			
Division	if or Attending P efter death. I Director: After t d in by the funera	Certification:	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be			M 1	Yes 2□No						
N	fred fred in by	틭	4 Homicide determined	28e. Placa of Injury - building, etc. (S	At home, farm, street, pecify)	eet, fectory, office		28f. Location (S City or Tow	treet end Numb n, Stete)	er or Rural Ro	oute Number,		
	pital ours a rai	20	On Continue of a street										
	To the Hospital or A within 24 hours effer To the Funeral Direct Completely filled in D	edicai	29a. Certifier (Check only one)	ysician: To the best of my	/ knowiedge, death minetion and/or inv	occurred et the time restigation, in my of	ne, date and place olnion, death occi	e, and due to the our arred at the time, o	ause(s) and me lete and placa, a	nner es state and due to the	d. cause(s)		
	ithin or the	Me .	29b. Signature and title of certifier	and menner stated.		29c. License	number		9d. Date signed	1 (Month Dev	Year)		
	- * - 0		> Whywee My	ATTO	· obootin	Do	1684		10.				
		-	30. Neme and address of person who								V		
			C-V-CTRIDE-M-C	8109 R	TCHIR_	MUY PE	+SADRE	VA	10211	22			
	Sta	e	30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) CVCYRIAC-MO \$109 RITCHIR HWY, PASADRNA, MD 21122 31. Date filed (Month, Dey, Year) NOV 0 6 1996 Schiz Javidson-Andelle										
	Registra	ar	NOV 0 6 199										

DHMH 16 Rev 6/95



ML ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene PER MED FILM G-741 11/22/96 t.t

Certificate of Death

Physician /Medical	Decedent's Name (First, Middle, Last) RON
Examiner	4a. Facility Name (If not institution, giva

a. Facility Name (If not institution, giva straat and number)

BROWN

2. Data of Dean O例如OBERDay 30 2. Data of Death

1996 1:35 PM

Funeral

MEDICAL CENTER ANNE ARUNDEL Social Security Number 7. Aga (In yrs. last birthday) 6. Sex 1₩ M 2□ F

ANNAPOLIS

4b. City, Town, or Location of Death

4c. County of Death ANNE ARUNDEL

218-88-0518

Directo

Funeral

à

Completed

Be

Usual Residence of Decedent 10b. County

Yrs 20 10c. City, Town or Location

If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Day,

9. Birthplace (Stata or Foreign

10d. Inside City Limits

1 Nes 2 No

Director the Maryland

28a-f show

5 23a

Itams

"natural", or

1 end 2 should be filed within : Health end Mental Hygiene. am 27 is markad other than "r

permit. Pages 1 end 2: Depertment of Health er Important: If Itam 27 is any injury or other trau once.

traumatic evant,

72 hours after

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

10a. State

ANNAPOLIS

MARYLAND

MARYLAND ANNE ARUNDEL

10e. Street and Number

10f. Zip Code

10g. Citizen of What Country?

1909 B COPELAND STREET

12. Was Dacedant Ever in U,S. Armed Forces?

Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.)

14. Race - Amarican Indian, Black, Whita, atc.

1 Never Married 2 Married 3 Widowed 4 Divorcad

☐ Yes 2 XNo Yes, Give f Yes, Give Year or Dates:

1 ☐ Yes 2 X No

21401

BLACK Specify:

15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

10th

MAINTANCE

EPES

US

17. Father's Nama (First, Middla, Last)

KAREN BROWN

18. Mother's Name (First, Middle, Maiden Sumame)

GERALD SEWELL

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1909 B COPELAND STREET ANNAPOLIS, MD. 21401 20c. Location - City or Town, State

KAREN BROWN (MOTHER)

20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) HILL CREST CEMETERY

11/5/96 ANNAPOLIS, MD.

21. Signature of Funeral Sarvice Licensee

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401

Physician /Medical Examiner

physician and s the burial-trensit

88 ettending p

the signed by t

has pege 2

certificate

this funeral

or Attanding Patter deeth.

I Director: After din by the funer After

To the Hospital or within 24 hours after To the Funeral Diccompletely filled in

The law requires that the death certificate be executed

Box 68760,

P.0.

Records,

of Vital

Division

Examiner

Physician/Medicai

þ

Completed

Be

ů

Certification:

Medical

immediate Causa (Final disease or condition resulting in death)

NARCOTIC INTOXICATION

Due to (or as a consequenca of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last

Due to (or as a consequence of):

Dua to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

1 2 Yes 2 No

performed?

1 Yes 2 No

Approximate fntarval Between Onsat and Death

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manner of Death

1 Natural

2 Accident

3 Suicide

Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 5 Pending

28b. Tima of Injury UNKNOWN M

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. injury et Work? 1 ☐ Yes XX No

26. Place of Deeth (Check only one)

28d. Describe how Injury occurred UNKNOWN

Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide RESIDENCE

FOUND 10-30-96

FOUND AT HOME

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1909-B COPELAND ST ANNAPOLIS, MARYLAND

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to tha ceuse(s) and menner es steted. 25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and manner stated.

29b. Signatura and titla of certifian

29c. License number

29d. Date signed (Month, Day, Year)

Investigation

O.C.M.E.

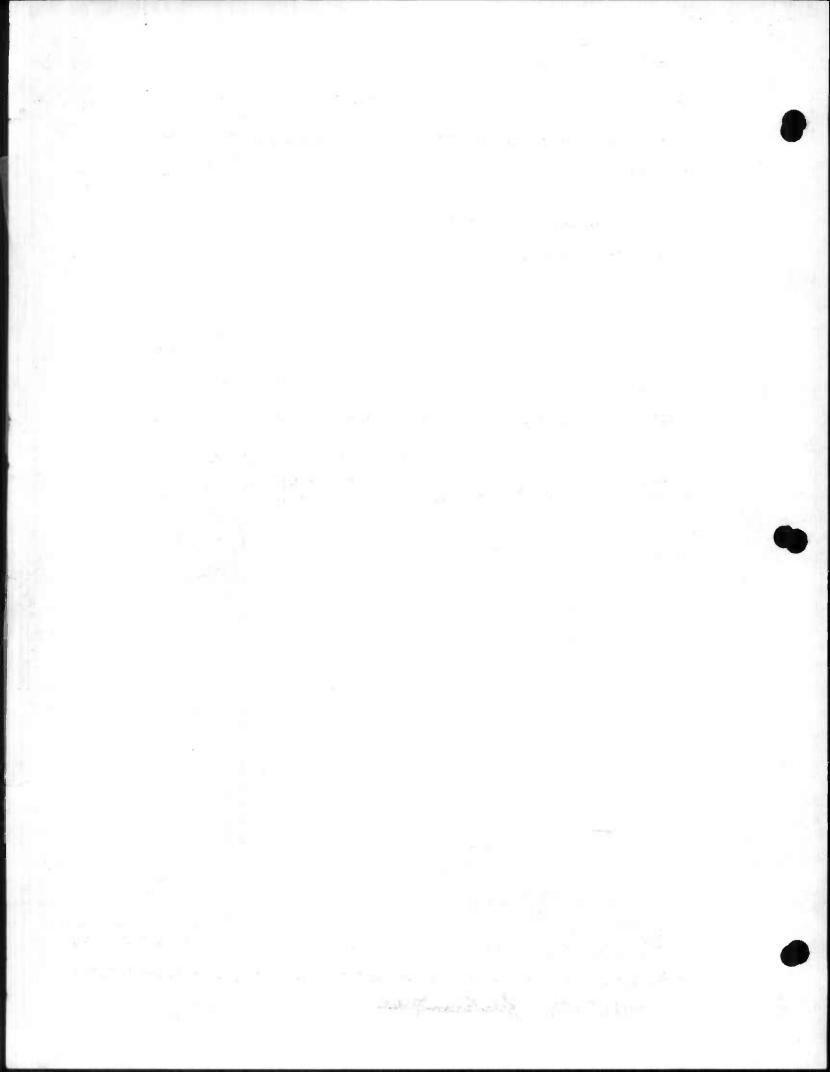
OCTOBER 31,1996

30. Name and address of person who completed cause of death (ttem 23e) (Type, Print)

ARAMAN A. KORW M 111 Penn Street, Baltimore, Maryland 21201 A. KOREU LW

31. Data filed (Month, Day, Year) NOV 0 7 1996 egiştraric Signature

State Registrar



State of Maryland / Department of Health and Mental Hygiene

31.1.20

					Cei	rtificat	e of	Death			Reg. No.	0	044	105
Dhuoie		1. Dacedant's Name (First, Middla, Las	st)							2. Data of Da Month	ath Dav	Yaar	3. Time o	of Death
Physic /Medi		MAUDE L. BRASH	IEARS							OCT. 3			0030	
Exami		4a. Fecility Nama (If not institution, give	a street and numbar)					4b. City, To	own, or L	ocation of Deetl	4c. Co	unty of Deat	h	
		ANNE ARUNDEL MEDI	R				ANNAP			ANNE	ARUNI	DEL		
Funeral Director		5. Social Security Number 6. S 212-32-4876 Usual Rasidence of Decedent	□M 25tF	(In yrs. last i	Yrs.	If Under Months	1 Year Days		Min.	8. Data of Bin (Month, Da OCT.	th ly, Year) 13 190		hpiaca (Stata untry) RYLAND	or Foraig
build be filed within 72 hours after death with the Maryland Mental Hyglana. srked other than "naturat", or items 23e or 28e-f show atto event, the Medical Exercities must be notified at	lor	10a. Stata 10b. County MARYLAND ANNE ARU	JNDEL	10c. City, To		cation	8						10d. insida C	City Limit
28a	Director	10e. Street and Number				10f. Zip	Coda				10g. Citizan	of What Co	untry?	
3a o		1607 ORCHARD BEA	CH BOAD			21	401				US			
deati	Der	11. Marital Status	12. Wes Decedent E	var in U,S.	13. \	Was Dacad	lant of	Hispenic Or	igin? (Sp	acify Yas or No- 14. Race - Am				
n 72 hours after death with the Marylen "natural", or items 23a or 28a-f show idical Examiner must be notified an	Completed by Funeral			io		f Yes, spec				Rican, atc.)	Specify:BLACK			
within 72 ho ana. than "natur		15. Dacedant's Ed (Spacify only highest gra Elementary/Secondary (0-12)	lucation da com <i>plated)</i> Collaga (1-4or 5-		(Giva	lant's Usua kind of wor DO NOT us	k done	during mos	st of work	ing	16b. Kind o	bb. Kind of Business/Industry		
od wi	Con	12th	2 yrs.			DOM	1ESI	TIC			SOME (ONE EL	SE HOM	E
should be filed ind Mental Hygi marked other umatic event, I	To Be (17. Fathar's Nama (First, Middla, Last) WILLIAM HEBRON	WILLIAM HEBRON 9a. Informent's Name/Ralationship (Typa, Print) JINDA BRASHEARS (DAUGHTER)					18. Mother's Name (First, Middle, EMMA JOHNSO						
nd 2 sho lith and 27 is ma r traum									BEACH ROAD ANN		umber, City or Town, Stata, Zip Cod			
age ent o it: If I		20a. Mathod of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		20b. Place camai	ary, cran	natory or or	ther pla		н 11	Data 20c. Location - City or Town, Stata .1/4/96 ST. MARGARETS, MD.).	
Departm Departm importar any injur		21. Signeture of Funaral Sarvice Licensee 22. Nama end Address of Facility WM. REESE & SONS MORTUARY, P.A. 821 MEST ST ANNAPOLIS MD 21401												
82729		821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between												
Physician /Medical Examiner	WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part 1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest.											Approxime Interval Bat Onsat and	tween	
uted 1 nnsit	Examiner		b. ACG.	TE N	MYOCARPIAL INFA						"ARCTION"			
cate be executed physician end s the buriel-trensit														
ing e	√Medicai	resulting in death) Last												
atter	ciar	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use or												
es that the death ce igned by the attend be datached for us	by Physician	Part II. Other argninicant conditions of								23b. Did tobacco use contri 1 ☐ Yes 2 ☐ Yo 3			Of death	
w requires s been sig 2 should b	Completed t										an autopsy med?	e	Wara autopsy eveilable prior complation of of of daath?	to
0 - 5	E O									10	Yas 2XN		1 ☐ Yas 2 ☐	l No
cartificate	BeC	25. Was casa rafarred to medical						26 Place	a of Deat	h (Chack only o	, ,		7100 2	110
ysician: ils cartifica i director, p	0	examiner? 1 ☐ Yes 2 🗷 No	Hospital: inpatian	nt 2□ ER/0	Outnation	1 3 DO	A Ot	hac		me 5 Rasid		Other (Sne)	cife()	
ding Phy th. After this funerel	tion: T	27. Manner of Deeth 1 Natural 5 Pending 2 Accidant invastigation	28a. Data of Injury (Month, Day	/ 28b	. Time of Injury		Bc. Inju			28d. Describe I			лу)	
efter dea Director d in by the	Certification:	3 ☐ Suicida 6 ☐ Could not ba 4 ☐ Homicide datermined	28a. Place of Injurbuilding, atc.	ry - At homa, (Spacify)	farm, stra	aat, factory	, office			28f. Location (S City or Tox	ion (Straat and Number or Rural Routa Numbar, r Town, Stata)			
To the Hospital or Attending Physicien: with 24 hours efter death of the Tuneral Director; After this carification bleeted in by the funeral director,	edicai C	29a. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	rsician: To the best of iner: On the basis of a and mannar stat	axamination e	ga, daath and/or inv	occurred e astigation,	et the ti	ime, dete ar opinion, das	nd place, ath occurr	and dua to the red at tha tima,	cause(s) end data and pla	d menner es ca, and due	stated. to the causa(:	5)
To the To the comp	M	29b. Signature and title-of certifier				29c	Licen	sa number	15	012	29d. Date sl	gned (Month	n, Day, Year)	
		30. Nema and address of person who co Bigith Willer	160 /QU	ADULI	DA	Print)				ANNA				
Sta Registr		31. Date filed (Morith, Day, Yaar)	32. Registre		- Man	602								
AU 46 Day 650			- 0											

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BALTIMORE, MARYLAND 21215-0020

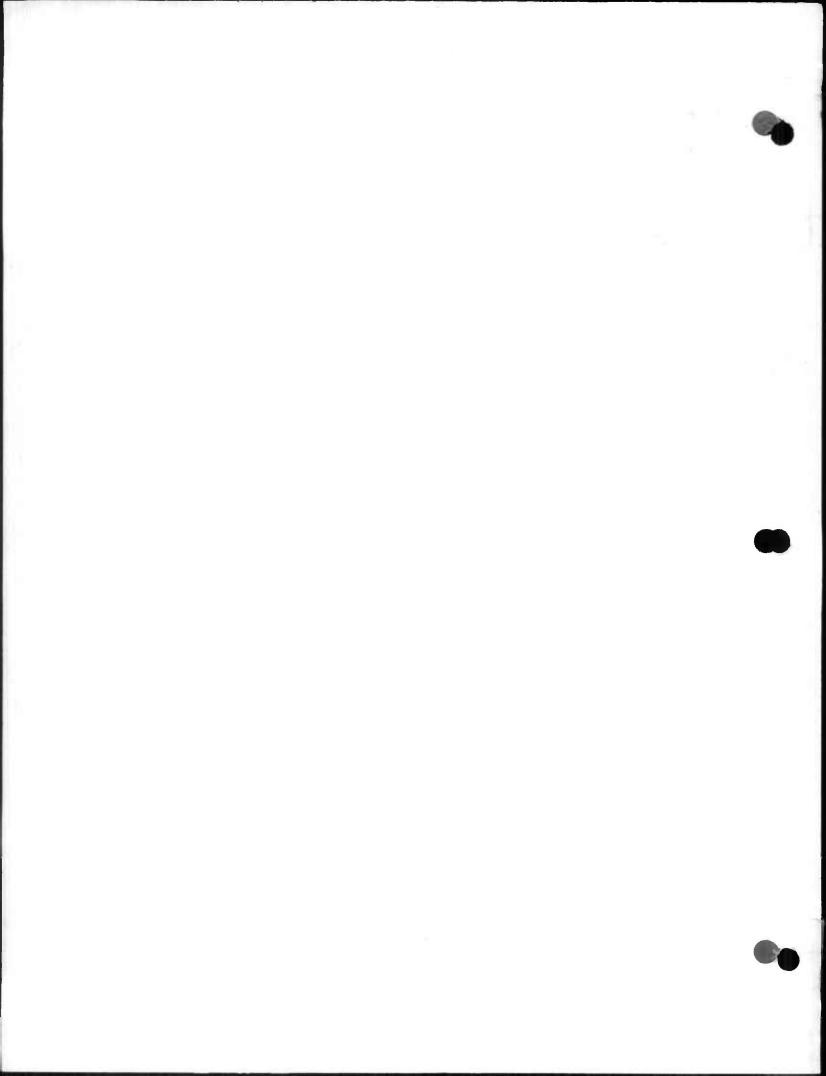
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	yours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

										ned. NO.				
	1. DECEDENT'S NAME (First,		owhin C							2. DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH	
	Howard Edv									October 2	5		11,50 4 11	
	220-01-9063		5, SEX 1 2 M 2 D F	6. AGE (in yrs. les		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country		
			46	80	YRS.					Feb 16, 1			MD	
g	Sa. FACILITY NAME (If not in		treet end number)						ON OF DE	ATH	9c. COL	INTY OF D		
힏	516 Rose St					S	alis	bury				Wico	omico	
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION		-		T	10d. INSIDE CITY	
듬	MD	Wie	comico		S	alis	burv						LIMITS?	
	10e. STREET AND NUMBER							. ZIP COD	E		10g. CI1	IZEN OF W	/HAT COUNTRY?	
BY FUNERAL	516 Rose St	treet						21	801			U.S	5.	
5	11. MARITAL STATUS			T EVER IN U.S. AF				ENDENT (DE HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.	
7	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					If yes, specify Cuben, Mexican 1 YES 2 NO Specify:						Specia		
		DECEDENT'S USUAL OCCUPATION							Black					
COMPLETED	(Specify only	EDENT'S EDU		(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUS	SINESS/IN	DUSTRY			
빌	Elementary/Secondary (0	+)	Gate Attendant				Public Works							
N N	6th 17. FATHER'S NAME (First, M	ace .	acte	udan	_		Public Works ME (First, Middle, Meiden Surname)							
									s, Maiden Surname)					
BE	Jesse R. (- 1	h MAH IN	AlLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
임		,,					111111111111111111111111111111111111111				.,	p (-000)		
	209, METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION (Name of											N City or Town State		
	20g, METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)													
	4 Donation 5 Other (Specify) Springhill Memory Gardens 10/31 Salisbury, MI 21. SIGNATURE OF PRICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												. MI)	
	Lewis N. Watson Funeral Home													
	23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate													
	shock, or heart failure. List only one cause on each line. interval Between Onset and Death													
	IMMEDIATE CAUSE (Final													
	disease or condition - s. Atu FROSCIET'L CARDIOVALCUIAR 167R.													
	DUE TO (OR AS A CONSEQUENCE OF):													
No I	Sequentially list conditions, Due to (or as a consequence of):													
¥	If any, leading to immediate cause. Enter UNDERLYING													
ᄩ	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART II. Other significa	int condition	e contribution to	doub but not		Im the con-	nd act. d-		alizaci li	Book for the co	41000000	T		
EDICAL	PART II. Other algrinica	int condition	e contributing to	daath but not	readiting	in the G	naeriyin	g cause	given in	Part i. 24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă										1 YES 2	NO		OF DEATH?	
Σ	·									— I ′			1 TES 2 NO	
AN	25. WAS CASE REFERRED TO	O MEDION												
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	Tenna -	0	OTHE	R:			eck only one)				
TYS	1 YES 2 NO		1 Inpatient 2 (ER/Outpatient 3	28b, TIN			IURY AT	asidenca	6 Other (Specify) 28d. DESCRIBE HOW I	N HIEV O	Cliber		
	1-P Natural 5	Pending	(Month, I			JURY M	WC	PRK?	¬ NO	200. DESCRIBE NOW I	HJURT U	JUNED		
BY	a Contain	Investigation	28a. PLACE (OF INJURY — At he	ome, farm.	atreet. Iac				281. LOCATION (Street	and Numbe	w or Rumi F	Route Number	
	4 Homicide	Could not be detarmined	building	, atc. (Specify)						City or Town, State)				
COMPLETED	29a. CERTIFIER	LIEVING DHAS	CIAN: To the heat o	l mu knowladan d			der de	.0216	111111	to the cause(s) and mar				
₩	onel									to the cause(s) and mai time, data and place, an) and manner on eteted	
	29b. SIGNATURE AND TITLE				yeth	my								
BE	CAAO LA AC	OF CENTIFIED	UD.	M	\wedge			29c. LIC	ENSE NUM	ABER	29d. DA	TE SIGNED	(Month, Day, Year)	
CHAMIG CULL MD D32014 > 10 28/96 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1445 H HOOMDRA MD SY7-E RIVOUSIDE DRIVE								5/96						
IN ALIEN HOUSE HAD SUT E RILLIANDE DELLE									14 D 2180 /					
31. DATE FILED (Month, Day, Year) A2. REGISTRAR'S SIGNATURE														
14 AME IM MONDEA MD SYTE RIVENSIDE DRIVE 31. DATE FILED (MONTH), Day, Year) OCT 28 1996 Julia d'awalson-hardall														
UCT 28 1996 June arabase variant														

10



DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

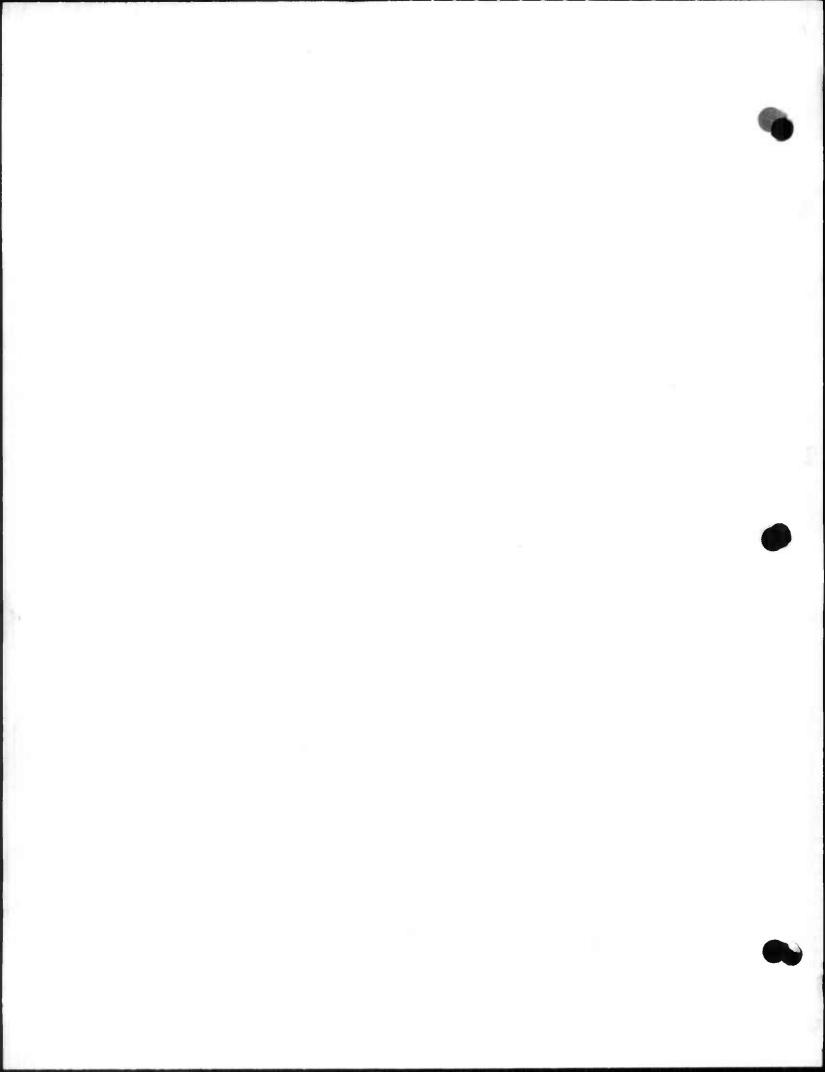
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF L	DEATH	REG. NO.		
i.	1. DECEOENT'S NAME (FIRST, MICHOLO, LOSS) JEANETTE Smith Control	M	ATE OF DEATH	YEAR	TIME OF DEATH
			C+ 19	96	ACE (State or Foreign
		HOURS MIN. (A	NE 17/19/3	Country)	ACE (State or Poreign
ı		LOCATION OF OEARH	9c.	COUNTY OF DEA	
DIRECTOR	703 CEDAR LA Southan	old Mi	4	Wicomi	Ço
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. CQUNTY 10c. CITY, TOWN OR LOCATION	ON .		10	Dd. INSIDE CITY
- 11	md wicomico facitland			t	TES 2 NO
FUNERAL		ZIP CODE	10g	. CITIZEN OF WH	AT COUNTRY?
NE I		NDENT OF HISPANIC OF	IIGIN? (Specify Yea or N	- 14. BAGE -	- American Indian,
	t Never Married 2 Merried FORCES? 1 YES 2 We If yes, spec	olfy Cuban, Mexican, Pue Specify:			Vhite, etc.
D BY	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION		ARL WIND OF BUOWIES	Blac	:K
COMPLETED	(Green and a completed) (Specify only highest grade completed) Elementary/Secondary (-12) 'College (1-4 or 5+)	of working	16b. KIND OF BUSINES	S/INDUSTRY	
MPL	SELP Emp		Domes	stic	
	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (F	irst, Middle, Maiden Surna	- 10	
BE	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and	MILLE d Number or Rural Rouge	Mumbar Cliv or Town Ste	m Zin Codel	
임	Gladys CAMADA 703 CEADAR	LA - FR	ithrid 1	d. 20	326
	20e. METHOD OF DISPOSITION 1 Deutlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nam	pa ol	DATE 20c. LOCATIO	ON - City or Town	, State
	4 Donation 6 Other (Specify)	RIBRY 1	24/9 PL. 1	The second second	nd
	22. NAME AND	ADDRESS OF FACILITY	ULLULAMAN	- fel	Heaty 4/5 PA
\dashv	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mod	J JSABEL	(A 34 3	alisbury	ma
	ahock, or heart failure. Llat only one cause on each line.	e or dying, eden as	cardiac or respirato	y erreat,	Approximate interval Between Onset and Death
	disease or condition senting in death) s. Reval fault				
	DUE TO (OR AS A CONSEQUENCE OF):	[]			
NO O	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):	*C	den		
SAT	cause. Enter UNDERLYING				
CERTIFICATION	CAUSE (Dissesse or Injury that Initiated events resulting in death) LAST				
SER	d.				+
	PART ii. Other significent conditions contributing to death but not resulting in the underlying	cause given in Part	1. 24a. WAS AN AUTO PERFORMED	? /	PERE AUTOPSY FINDINGS
DICAL			1 - YES 2		OMPLETION OF CAUSE OF DEATH?
×	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	UNCERTAIN [7	1	☐ YES 2 ☐ NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	OTTCERTAILT E			
) 	EXAMINER? 1 YES 2 M6 HOSPITAL: 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home	5 Residence 6 🗆	Other (Specify)		
	27. MANNEB-OF OEATH 28a. QATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WOR	IK?	OEŞCRIBE HOW INJUF	Y OCCUREO	
B	2 Accident Investigation 28s PLACE OF INJURY - At home farm street factory office	ES 2 NO	LOCATION (Street and A	lumber or Rumi Ro	da Mumbar
COMPLETED	Suicide a Could not be detarmined Could not be detarmined		City or Town, State)	onibor of rights rion	No Namosi,
٦ ا	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date a	and place, and due to th	e ceuse(s) and menner	es atated.	
NO N	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, dec				and menner as stated.
ш	SOL SIMATURE AND TYLE OF CENTIFIER	29c. LICENSE NUMBER	290	I. DATE SIGNED (A	Northy Day, Year)
10 B	La Coursey, mo	D25670	1	-5/01	196
-	TO LAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	12	CO.1-		16 3 000
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	7 01	20000	my, 1	16 5 180
	OCT 28 1996 Jalin Stwillow Randall				
					DHMH 16 Pau 1/90

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL O	TO THE FUNERAL D be filed within 72 ho	IMPORTANT: If It	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF OEATH	γ ,	/EAR	3. TIME OF DEATH	н			
	ELIZABETH 4. SOCIAL SECURITY NUMBER	ANNE	CROOK			OC.			68	1255	PM			
	217-08-1270 9e. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	n yrs. lest birtnday) 25 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JAN	of BIRTH	71	MAR	YLAND	eign			
DIRECTOR	13229 MUSKRATTOWN			BISHOP	VILLE	EATH		9c. COUNTY WORC						
REC	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	TON				Т	10d. INSIDE CITY				
		CESTER	OC:	EAN CITY	Z				1 X YES 2 NO					
RAI	100. STREET AND NUMBER	. ADM 201A		101	. ZIP CODE					HAT COUNTRY?				
FUNERAL	12301 JAMAICA AVE	APT. 301A 12. WAS DECEDENT EVER IN	13. WAS DEC	21842 ENDENT OF HISPAN	IIC OBIG	N2 (Specify Vee	US or No I to		American Indian					
BY FI	1 Never Married 2 Merried 3 Widowed 4 Divorced	an, Puerto Rican, etc.) Black, White, etc. Specify:				White, etc.	0,							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working									WILLE				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)								PHE					
MP	12 SALES CLERK RETAIL 17. FATHER'S NAME (First, Micking, Last)													
	17. FATHER'S NAME (First, Middle, Last) VOLETUS BUNTING 18. MOTHER'S NAME (First, Middle, Melden Surmame) LUCY REED													
BE														
5	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LAWRENCE J. CROOK 12301 JAMAICA AVE. APT.301A, OCEAN CITY, 1													
	20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of													
	1X) Buriel 2 Cremation 3 Removed from State cometery, crematory or other place) 4 Donation 6 Other (Specify) BISHOPVILLE CEMETERY 10/24/96 BISHOPVILLE, MARYLAND													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HASTINGS FUNERAL HOME, SELBYVILLE, DE 19975													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	snock, or neart railure. List only one ceuse on each line.													
2														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
	CAUSE (Disease or Injury													
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
	DART II Other significant and the	1.								1				
B	PART il. Other significant conditions	s contributing to death bu	it not resulting in	the underlying	cause given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FIN AVAILABLE PRIOR TO	0			
ED						_	1 TYES 2	NO NO		COMPLETION OF CA OF DEATH?	WSE			
≥	DID TOBACCO USE CONTR	SIBLITE TO CAUSE OF	F DEATH YES	II NO E	UNCERTAIN					1 TYES 2 NO	٥			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	6. PLACE OF DEATH		DITCERIAII	1 11								
YSIC	1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpa		OTHER:	5 Realdence	6 🗆 Oth	er (Specify)							
PH	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJI	JRY AT RK?	28d. DE	SCRIBE HOW IN	JURY OCCUP	RED					
BY	2 Accident Investigation	20- BLACE OF INHUM	A) b = 1		ES 2 NO									
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	— At nome, term, sti fy)	eet, factory, office		261, LOC	CATION (Street a or Town, State)	nd Number or	Rurel Ac	oute Number,				
COMPLETED	29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.													
296. LICENSE NUMBER 29d. DATE SIGNED (Month), Day														
O BE	DEN-674 10(2) (5)													
٩	J (O C CP)	COMPLETED CAUSE OF DEA			. 0 //	1	2	4	1	6.21				
II. DATE FILED (Month Day Year) 12 BECISTRAB'S SIGNATURE							1004							
DC 22 1996 Jan Carling Day, Noor) 32. REGISTRAR'S SIGNATURE									,					



State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Dacedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Death **Physician** 1996 November Leonard S. Chase, Jr. 3:17pm /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Talbot Easton Memorial hospital Easton If Undar 1 Yeer If Undar 24 Hrs. Hours Min. 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplece (Stata or Foreign Country) **Funeral** Months 1 DXM 2 □ F Yrs. 56 Director Ju115, 1940 Minnesota 468-44-3519 Usual Rasidance of Decedant death with the Maryland 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits Mode item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at MD Anne Arundel Severna Park Director 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21146 36 Windward Drive U.S.A. Funeral Was Decedent Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Bleck, White, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiane. Important: if item 27 is marked other than "natural; or ite any finlury or other traumatic event, Ita Mexical Examine 1 ☐ Yas 2 No If Yes, Giva Yeer or Datas: 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Naval Engineer U.S. Navy 4 17. Fether's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Malden Sumama) Be J. Chase, Senior Appolonia Lickteig 19a. Informent's Neme/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Beverly Chase, wife 36 Windward Drive, Severna Park, MD 21146 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Nov 5 20c. Location - City or Town, Steta camatary, cramatory or other piece) 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata Our Lady of the Fields1996 Millersville, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Fecility Barranco and Sons Funeral Home 495 Ritchie Hwy., Severna MD 21146 Complications that caused the deeth. Do not antar the mode of dying, such es cardiac or respiretory errest, ist only one causa on aach lina. 23a. Part 1. Empf tha disaase, or com Approximate intervel Between Onset and Deeth Physician /Medical Immediate Cause (Final diseesa or condition resulting in daeth) Examiner Examiner ronary signed by the attending physician and d be deteched for use as the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaase or Injury that initiated events resulting in death) Last P.O. Box 68760, Derli ician/Medicai Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? Physic 1 → Yes 2 No 3 Probably 4 Unknown PUSION Records. à 24b. Were eutopsy findings available prior to Completed 24e. Wes en autopsy performed? completion of cause of daath? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: Be 25. Was casa rafarred to medical 28. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ BOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 After this funeral 27. Mennar of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: 1 Hatural 5 Pending To the Hospital or Attending within 24 hours after death.

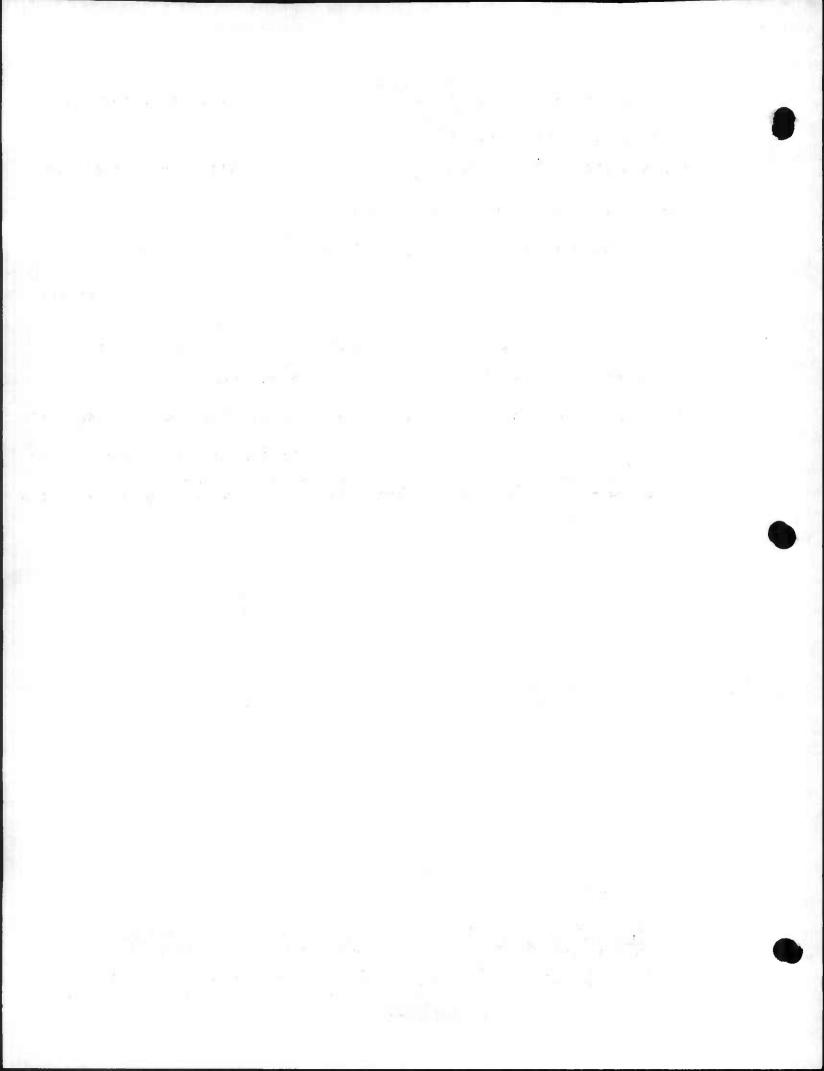
To the Funeral Director: Afte completely filled in by the fun. 1 ☐ Yas 2 ☐ No 2 Accidant invastigation 3 Suicida 6 Could not be 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida 1 Contifying Physician: To the best of my knowledga, daath occurred at the time, dete and place, and dua to tha cause(s) and menner es stated.

2 Medical Examiner: On the basis of axaminetion and/or invastigation, in my opinion, deeth occurred at the time, data and place, and dua to the cause(s) and mennar stated. 29e. Certifian Medical 29b. Signatuse and title of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) 30. Name and addrass of deeth (Itam 23a) (Type, Print) 32. Registrar's Signatura 31. Date filed (Month Day, Year) State

Luka Davidson

Registrar

NOV 06



State of Maryland / Department of Health and Mental Hygiene

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						Cer	tificate of	Death		Reg.	No.		J T T J T	
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	Physic /Medi		ANNA	Ε.		DOZ	/LE		Month	30	Dey 199	Yaer 16	12:55AM	
1	Exami		4a. Facility Name (If not Institution, g	ive street and number)				4b. City, Town	, or Location of C		4c. County	0 0	12,000	
	= ~~~		Salisbury Center;	Cenesis E	lderCa	re		Salisb	ury, Md.		Wico	mico		
	Funeral			Sax 7. Ag	e (In yrs. last		If Undar 1 Yaa	r If Undar 24	Hrs. 8. Data c			9. Birthp	lace (Stete or Foreigntry)	gn
	Director		143-10-7803 Usual Rasidence of Decedent	1□ M 2ÅDF	86	Yrs.	Months Days	Hours	Min. (Month			NEW	JERSEY	
	M M		10a. State 10b. County	<u></u>	10c. City, T	own or Lo	cation					1	0d. Inside City Limit	is
	with the Maryland a or 28a-f show Lbe notified at	to	MD. WICOMI	CO	S	ALISE	BURY						1 □ Yas 2 N	0
	7 28 x 28 x 28 x 28 x 28 x 28 x 28 x 28	Director	10e. Street end Number				10f. Zip Code			10g.	Citizen of V	Whet Coun	itry?	
	T S T		200 CIVIC AVENUE				218	04			II S	.A.		
	de de	Funeral	11. Merital Stetus	12. Wes Decedant Armed Forces?	Ever in U,S.	13. V	Wes Decedent of f Yas, specify Cul	Hispanic Origin	? (Specify Yas o	r No-	14. Rec	e - Amaric		-
Maryland 21215-0020	72 hours after death with the Marylar natural, or items 23e or 28e-f show dical Examiner must be notified at	b	1 X Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 X If Yas, Give Year or Detes:	No		Yes 2X No		deno rican, etc	•)	Specify	ck, White,	etc.	
5-0	72 ho	Completed	15. Decedent's i		1	6a. Deced	ient's Usuel Occu	ipation	f working	16b	. Kind of B	usiness/inc	dustry	
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2	ed with	S	12		A	SS'T	VIOLATIO				TOWN		[.	_
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уã	Men	2	JOSEPH M. DOY	LE				A	NNIE E.	NIE E. DOWD Burgel Boute Number City or Town State Zin Code)				
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1.	and saith m 27 her th		EUGENE F. DOYLE					JARTER'						1
ore	ges 1 If item or oth		20e. Method of Disposition	Removel from State	cem	etery, cren			Dete	200	. Location -	City or To	wn, Stete	
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Baltimore,	Departition of the control of the co		12 Degree to 3 Remove from Stete Commetony or other place HOLY ROOD CEMETERY 11/4/96 MORRIS TOWNSHIP, N											
	- 1.8		23 Part1. Enter the diseese, or co	npontions that caused	the deeth. I	Do not ente	er tha mode of dy	ing, such es ce	rdiec or respireto	ory errest,	AIN 5	1.,58	Approximete	ш
5	Physician		shock, or neert failure. List onl	cause on each li	10.		2					- 1	Intervel Between Onset end Deeth	
ă	/Medical		Immediate Cause (Final	· Char	1		. 1	D.,				- 1		
E	Examiner		disease or condition esulting in death) a. Check of the pure of t											
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	entifice ling ph e as th	Med	resulting in daeth) Last	15	- 0	1	a 11	1	•			1		
XO	eath cer attendir I for use			d. 2119	0-1	14	7700	01 00				7	11.	
œ.	0 0 2	Physician/	Part II. Other significant conditions	contributing to death b	ut not resultin	ng in the ur	nderlying ceuse g	iven in Pert I.	23b.	Did tobac	cco use co	ntributa to	the cause of death	h?
P.0	trhe by the	, Y								1 🗆 Yes	2□ No	3 Prot	bably 4 Unknow	wn
Ś	s that gned b	by F				-			-					
ord	w requires been sign should be									Was an a		24b. We	ere eutopsy findings eileble prior to	į
Record	≥ S S	pie							- '			COI	mpletion of cause death?	
ď	0 - 5	Completed								1 ☐ Yes	20 No	1 [Yes 2□No	
Vital	certificate	0	25. Wes case referred to medical	-				26. Place of	Deeth (Check of	ntv one)				
>	Physician: this certificatal director,	To B	examiner?	Hospitel:	nt 2 ER	/Outpetien	t 3D DOA	ther:	Ing Home 5		e 6 □Oth	er (Specifi	v)	
J Of	g Physer this neral di		27. Menner of Deeth	28e. Date of Inju	ry 28	b. Time of	28c. Inju				njury occur		,	_
0	Attanding For death.	atio	1 ☐Naturel 5 ☐ Pending 2 ☐ Accident investigati		, rear,	Injury		Yes 2 □ No						
Division	or Attandate deat Director:	Iffic	3 ☐ Suicide 6 ☐ Could not determine	28e. Piece of inj		, farm, stre	eet, factory, office)		on (Stree r Town, S		per or Rura	I Route Number,	
	s after in Direction by	Certification:	TO THOMBUS	building, et	. (Opecity)				Ony 0	1040, 0	iaio)			
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier 1 Certifying P	hysician: To the best of	of my knowle	dge, deeth	occurred et the t	ime, date and p	place, and due to	the caus	e(s) and ma	anner as st	iated.	-
	To the H within 24 To the F complete		one)	end menner sta	ited.	and/or my	1227.0		occurred at the t	4-5-5-5				
	S S S S S S S S S S S S S S S S S S S	Σ	29b. Signature and title of certifler	110			29c. Licen	se number		29d	Date signe	d (Month, I	Jay, Year)	
			101	111	_		0	2939	17	1	0/3	196		
	Y	Î	30. Neme end eddress of person who	completed cause of d	eeth (Item 23			, ,	1		/ /			
			William Rob	US, M.D			4 HEALTH	WAY DR.	,SALISB	JRY,	MD.	21804	4	
	Sta		31. Dete filed (Month, Day, Year)	32. Registry	r's Signeture	Mardal	4							
	Registı	ar	OCT 3 0 19	יייין טכנ										

State of Maryland / Department of Health and Mental Hygiene 0.0

			Certificate of Death Reg. No.									
e e	Physici /Medi			lrath	Dick				.8, 1996	Yeer	3. Time of Deeth 3:50 PM	
7	Examir		4a. Fecility Neme (If not institution, give s SALISBURY CENTER: GI		מחמ			r Location of Deal	th 4c. County WICOM			
	Funeral Director		5. Sociel Security Number 6. Sex 219-36-5861			If Under 1 Year Months Deys	If Under 24 H	n. (Month, D	11	9. Birthple Count	eca (Stete or Foreign lry) Ky	
	and		Usuel Residence of Decedent 10a, Stete 10b. County	10c. Ci	ity, Town or Lo	cation					Od. Inside City Limits	
	he Mary 28a-f eho	Director	Maryland Wicomico	S	alisbur	-					Yes 2□ No	
	with		10e. Street end Number			10f. Zip Code		10g. Citizen of Whet Country?				
	eath	eral	105 E. Isabella S	C • 12. Wes Decedent Ever in U	IS 13 V	21801		Specify Vec or N	n 14 Ber	USA ce - America	an Indian	
020	72 hours after death with the Maryland naturel; or Nems 23e or 28s-f show dical Examiner must be notified at	by Funeral	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		Yes, specify Cub		(Specify Yes or No orto Rican, etc.)	Bie Specif	ck, White, e	etc.	
Maryland 21215-0020	Pages 1 and 2 should be filed within ent of Health and Mental hygiene. 1t: If item 27 Is marked other than " ry or other traumatic event, I're Me	Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16e. Deced	ant's Usual Occup kind of work done OO NOT use retire	pation during most of w	orking	ustry			
		ошр	Elementery/Secondery (0-12)	College (1-4or 5+)		ol Teach			Dub1	ic Sch	2001	
pu		Bec	17. Fethar's Name (First, Middla, Last)		OCTIO	OI TEGE		eme (First, Middle			1001	
rylar		To	John Thomas Mc	Elrath				Virginia Scott Number or Rural Route Number, City or Town, Stete, Zip Code)				
Jar			19a. Informant's Neme/Reletionship (Ty)	. ,					-		Code)	
			Chessie Hickman/g			BOX 3	10, Horn	town, Vi				
Baltimore,			1 Donetion 5 □ Other (Specify)	emovei from Stete	(00)	Dete	20c. Location	,				
altii	· 투원를		21. Signature of Funeral Service License	e Moi		Cemeter	Ss of Fecility	11/1/96	Sali	sbury	, MD	
Ö	Deparimbo		DI 10.		H	olloway						
			23e. Pert1. Enter the diseese, or compile shock, or heart failure. List only on	cetions that caused the dee	th. Do not ente	Ol Snow or the mode of dyi	Hill Rd ng, such es cardi	 Salis ec or respiretory 	bury, MI	2180	Approximete Intervel Between	
1	Physician /Medical Examiner	Je.	Immediate Causa (Finel disease or condition resulting in deeth)	CONS	or es e conseq		20427	TAN	Pene	(Onset and Death	
68760,	tificate be axecuted g physician and as the burlai-transit	edical Examiner	Sequentielly list conditions, if any, laading to immedieta causa. Entar Underlying Ceuse (Disaesa or Injury thet initieted avants resulting in daath) Lest	Due to (c								
Box 6	din din		L					i				
P.O.	requires that the death een signed by the atter hould be datached for u	by Physician/M	Pert II. Other significant conditions con		sulting in the un		ven in Pert i.		tobacco uee co	11	the cause of death'	
Records,	aw requi	Completed	COPP						s an eutopsy ormed?	con	re autopsy findings iliable prior to npietion of cause leeth?	
	Tha ate h page	Con						10	Yas 2 No	1 🗆	Yes 2 No	
Vital	ysician: The s certificate director, pag	Be	25. Wes case refarred to medical examiner?	ospitei:		04		aeth (Chack only				
o	Phys this al di	- L	1 Yes 2 No	1 ☐ Inpatiant 2 ☐ 28a. Data of Injury	ER/Outpetien		Nursing	Home 5 ☐ Res	how injury occur)	
on	Attending ir death. ector: Aftai by tha fune	ation	1 Naturei 5 Panding	(Month, Dey Year)	Injury	28c. Inju Wo M 1□	rk? Yes 2 □ No	2001 00001100	now injury coop.			
Division	or Attendi	27. Manner of Death 1										
	To the Hospital or Attending I within 24 hours after death. To the Funerel Director: After completely filled in by the fune.	29a. Certifier (Check only one) 29a Certifier (Check only one) 2 Cartifying Phyelcian: To the best of my knowladga, daath occurred et the time, date end pieca, end due to the ceuse(s) end menner es stated. 2 Medical Exeminer: On the basis of examination end/or investigetion, in my opinion, death occurred et tha tima, data end piaca, end due to the ceuse (s) end menner es stated.									ated. the ceuse(s)	
	To the Com	Σ	29b. Signature end title of certifiar			29c. Licens	se number		29d. Date signe			
			1 - lu	as an)	D-398	313	10/29/86			26	
	7		30. Nama and address of parson who cor	mpiatad causa of death (Ital	m 23a) (Type, I	rint)						

MICHAEL ATKINS, M.D., 1104 HEALTHWAY DR., SALISBURY, MD. 21804

DHMH 16 Rev 6/95

State Registrar

31. Dete flied (Month, Day, Yaar)
OCT3 0 1996

58.5

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Film G742 item 23 per PH 12-04-96 rja 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** 16, Robert William Demuth, Jr. July 2:40 PM 1996 /Medical 4e. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 13101 Shawnee Lane Clarksburg Montgomery If Under 1 Year | If Under 24 Hrs. 6. Date of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** 1⊠M 2□ F Yrs. West Virginia 578-60-0824 49 Director Nov. 14,1946 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic svent, the Medical Examiner must be nutified at 1 ☐ Yes 2 No Directo Maryland Montgomery Clarksburg 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? ŏ Items 23s 13101 Shawnee Lane 20871 United States Funeral Peges 1 end 2 should be filed within 72 hours after death tent of Health and Mentel Hyglene.

nt: If Item 27 Is marked other than "natural", or Items 23. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify. by 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry Give kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highest greda complated) College (1-4or 5+) Elementary/Secondery (0-12) Independent Contractor Newspaper 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Department of Health and Mentel Important: If Nem 27 Is marked o any Injury or other traumatic ave once. Robert William Demuth, Sr. Mercedes Hoffman 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carol J. Demuth/Wife 13101 Shawnee Lane, Clarksburg, Maryland 20871 20b. Place of Disposition (Nama of cemetary, cramatory or other place) July 20,1996 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Spacify) Parklawn Memorial Park Rockville, Maryland 21. Signature of Funeral Service Light 22. Name end Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc., 300 W. Montgomery Avenue, M00348 Rockville, Maryland 20850-2805 ulla 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. intervel Between Onset end Deeth Physician iagnosed /Medical Immediate Ceuse (Final Alcoholic Cirrhosis of the Liver disease or condition resulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examine or Attending Physician: The lew requires that the death certificate be executed physician and the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as e consequence of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of) resulting in death) Last 89 attending p esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by t 1 | Yes 2 No 3 | Probably 4 | Unknown þ 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? certificata has b irector, page 2 s 1 ☐ Yes 2X No 1 ☐ Yes 2 No director. 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: Other: 4□ Nursing Home 5 Nesidence 6 Other (Spacify) 1 ☐ Yes 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Yaar) 26b. Time of 28c. Injury at Work? 26d. Describe how injury occurred After 1 Natural 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident within 24 hours after death To the Funeral Director: completely filled in by the 6 Could not be determined 3 ☐ Suicide 26f. Location (Straat and Number or Rural Routa Number, City or Town, State) 26e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homicide Hospital Medical 29a. Certifier 1🖔 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and manner as steted. (Check only one) 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. the th 29b. Signature and tale of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stuart Scott, M.D., 19201 Montgomery Village Avenue, Gaithersburg, MD 20879 31. Date filed (Month, Day, Year)

JUL 2 3 1996 32. Registrar's Signeture State

which Davidson-Randelle

DHMH 16 Rev 6/95 OVER

Registrar

CERTIFICATE MISS PLACE BY MONT. CO, HEALTH DEPT. TALK TO MARGARET ABOUT THIS ON NOV. 14th RECEVIED CERTIFICATE ON NOV. 18, 1996 $_{
m REB}$

BALTIMORE, MARYLAND 21215-0020

Oj

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exchours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

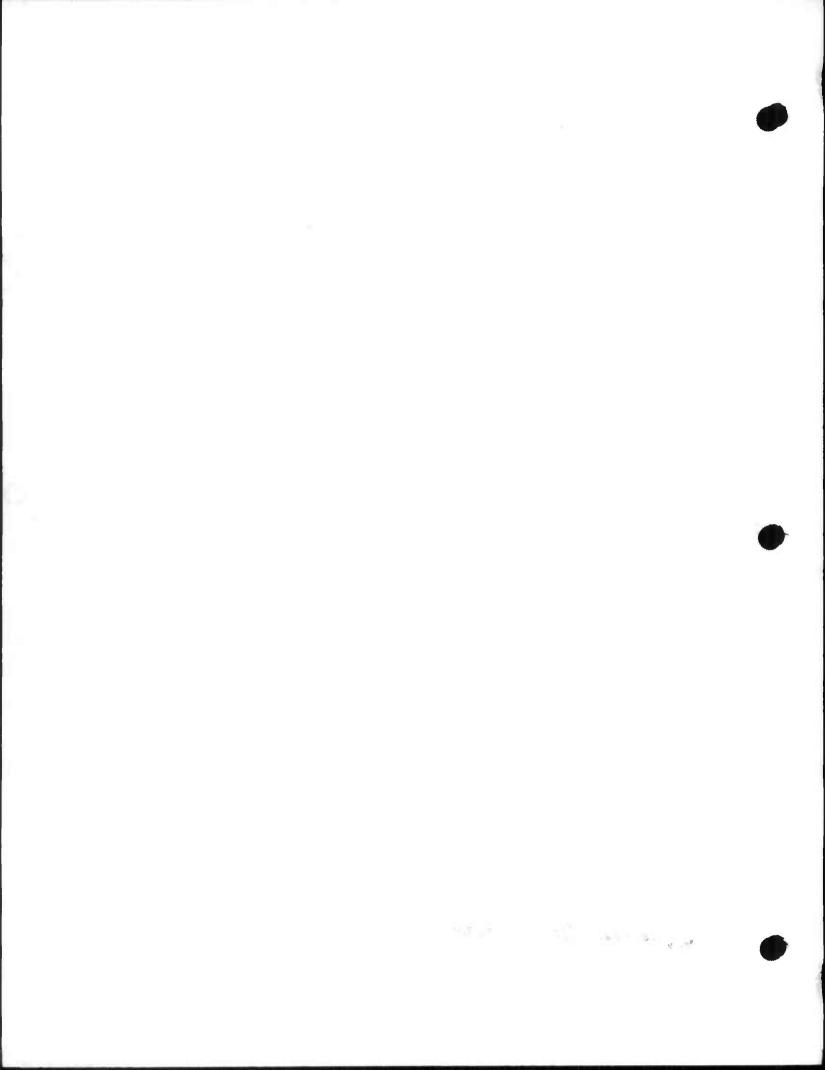
											rica. No.			
	1. DECEDENT'S NAME (First, M	Aiddle, Last)	JOYCE	E	A	•	1	FY		MO	TE OF DEATH NTH DAY (EM) BERL 2		YEAR	3. TIME OF DEATH 0415 M
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7 DAT	TE OF BIRTH			LACE (State or Foreign
	217-22-6621		1 🗆 M 2 🔼 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Ju	ne 25, 19	27	Country)	ginia
	9a. FACILITY NAME (If not instit		ŕ			9b. CIT		OR LOCAT		EATH		9c. COU	NTY OF DE	ATN
5	PENINSULA		NAL MEDI	CAL CEN	ITER		SA	LISE	URY			WI	COMIC	0
ا ق	RESIDENCE OF DECE	DENT											$\overline{}$	
DIRECTOR	Maryland		omerset		10c. CI	y, town Cr:	isfi							10d, INSIDE CITY LIMITS? 1 NO
4	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT		HAT COUNTRY?
FUNERAL	325 Somers	Cove							2181	7		1	U.S.A	. •
ا جَ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.					GIN7 (Specify Yes to Rican, atc.)	or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married 2 Miles			WAR OR DATES			1 YES	2 NO	Specify		io rican, arc.)			White
COMPLETED	15. DECED (Specify only h	DENT'S EDUC	CATION	16a.	DECEDENT'S					1	16b. KIND OF BUS	INESS/INI	DUSTRY	
ᇤ	Elementary/Secondary (0-12		College (1-4 or 5	•)	(Give kind of life, Do NOT u	work done se retired.)	during me	ost of worki	ng					
립	Grade 11	_			ookke	pper				- 1	Construc	rtio	n	
S	17. FATHER'S NAME (First, Midd	dle, Last)				1002		18. MOT	NER'S NA	_	t, Middle, Maiden S		-	
	Elwood Stan	lev W	allace								Whitney	Jonnesine		
BE	18s. INFORMANT'S NAME (Type				19b. MAILING	ADDRES	S (Street				umber, City or Town	, State, Zie	D Code)	
2	John Wallac										altimore			227
	20g METHOD OF DISPOSITION 1 LA Buriel 2 Cremation		oval from State	cemetary	CE AND DATE	ther nlare	I.			1			City or Tow	1.535
	4 Donation 5 Cither (S) 21. SIGNATURE OF EUREPLAL S		and I	More	eland	Memo	ria	L Par	k-11	./6/	96 Ba	1tim	ore,	MD
1	21. SIGNALUNE OF EMERGIC	HI.	14111	6/2.	1	Bi	rads	no addre	SS OF FA	aum ns 1	Funera1	Home	2	
	21. SIGNATURE OF EMPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi													
ı	IMMEDIATE CAUSE (Final													
	disesse or condition resulting in death) . metastata Colin Come													
	s. YYV (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)													
NO	Sequentially list conditions, b. Det TO (OH ALA CONTEQUENCE OF):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING													
Ĕ	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):													
	that initiated events resulting in death) LAST													
	PART II Other elections	condition		death had a	A Later					-				
MEDICAL	PART II. Other significant	condition	s contributing to	death but no	t reaulting	In the U	ndariyin	g cause	given in	Part I.	24s. WAS AN / PERFORE			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ᆲ											1 TES 2	No		COMPLETION OF CAUSE OF DEATH?
闄											_ ′	•		1 TYES 2 NO
PHYSICIAN: A														
X	25. WAS CASE REFERRED TO I	MEOICAL					26. P	LACE OF E	DEATH (Ch	eck only	one)			
is I	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		ne 5 🗆 R	aaldence	5 □ OI	ther (Specify)			
<u></u>	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. T/N	E OF	28c. IN.	JURY AT			ESCRIBE NOW IN	JURY OC	CURED	
	1 Natural 5 Per	ending restigation	(Month, E	lay, Year)	- IN	JURY M		ORK? YES 2 [_ NO					
B⊀	2 Cutata	ould not be	28a. PLACE C	F INJURY - At	home, ferm,	atreet, fac	tory, offic	a		28f. L	OCATION (Street as	nd Number	r or Rural Ro	ute Number,
COMPLETED		termined	building,	etc. (Specify)						G	ity or Town, State)			
ן ב	29a. CERTIFIER 1/ CERTIF	YING PNYSIC	CIAN: To the bast of	my knowledge.	death occur	ad at the	time data	and place	and due	to the	cause(s) and man		tod	
Ž	1													and manner as stated.
	MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.													
B	1 20507 N 1/2/07													
စ္	TO MANY AND THE PARTY OF THE PA	NYVO	00000					U	10	20	/	- 11	13/4	16
	30. NAME AND AUDITESS OF P	A WA	COMPLETED CAU	SE OF DEATH (I	TEM 27) (Type	Print)	CH	RRO	1-1	42	197	150	14.90	m
JOSEP A. GRASSO 145 E. CHROLL SA SALISBURY MY 31. DATE FILED (Modnity, Day, Year) Signature 404 0.6 1996 Julia Days Blanch Control of Salisbury Signature														
	INV 06 1996	Julia	revolución	Mall										

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH							
	CLY	DE A. EV	ANS				3 1996					
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BURTH	a pip	THPLACE (State or Foreign				
	215–16–8436	1 ₹ M 2 🗆 F {	36 YRS. M	HOURS MIN.	December 18	TOOG COU	farvland					
	9a. FACILITY NAME (If not institution, give str	reet and number)	9	b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY OF					
<u>۳</u>	McCready Memorial Hospital Crisfield,MD Somerset											
DIRECTOR	RESIDENCE OF DECEDENT						Some	SEL				
뿐	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
	Maryland	Somerset			field_			1 TYES 2 X NO				
FUNERAL	10e. STREET AND NUMBER		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?						
NEI	26397 E. Pear St.				21817		U.S.A.					
5	11. MARITAL STATUS 1 Never Merried 2 Merried	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye en, Puerto Rican, atc.)	Yee or No— 14. RACE — American Indian, Black, Whita, atc.						
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES		2 X NO Speci			White				
	15. DECEDENT'S EDUC	ATION.	18e. DECEDENT'S US	IIAL OCCUPATIO	NA .	16b. KIND OF BUSINESS/INDUSTRY						
	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of world life. Do NOT use n	done during mo	st of working	160. KIND OF BU	SINESS/INDUSTRY					
2	Grade 3	College (1-4 or 5+)	Waterman			Seaf	200					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Watering		18 MOTHER'S N	AME (First, Middle, Melden						
	John Abe Evans						Sumame)					
ᇤ	JOHN ADE EVANS Ella Jane Dize 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
5	Milton Evans (Son) Milton Evans (Son)											
	20g METHOD OF DISPOSITION	20h	PLACE AND DATE OF	DISPOSITION (No	me of	DATE 200 10	CATION — City or	Town State				
	1 X-Buriel 2 Cremation 3 Remo	val from State Sur	etery, cremetory or other	Memoria	1 Park-	1	Crisfiel					
	21. SIGNATURE OF FUNERAL SERVICE LICE	DASSE /	/ /	22. NAME AN	D ADDRESS OF FA	CILITY		u, MD				
	· Robert D.	Mach	cuf	Brads	haw & So	ons Funera	1 Home					
-	Robert H. Bra 23. PART I. Enter the diseases, or co					St Crisf		21817				
	ehock, or heert failure. L	ist only one cause on ac	ch iina.	entar the mo-	da of dying, aud	ch aa cardiac or reap	iratory arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition	C-105		11-1-				Onset and Death				
	resulting in death)	CONGE DUE TO (OR AS A	STIVE	HEAR	THAI	-URE						
_		HYPERT										
ō	Sequentially liet conditions,	DUE TO (OR AS A	CONSEQUENCE OF):	•								
X	if any, leading to immediate cause. Enter UNDERLYING		Es Mé	ELLIN	' <			i				
Ē	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):		J							
CERTIFICATION	resulting in death) LAST											
	PART II Other elapificant conditions	contribution to don't be										
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions	contributing to death bu	it not reculting in t	he underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
ă						1 YES 2	. □ NO	COMPLÉTION OF CAUSE DF DEATH?				
Σ	PIP							1 🗌 YES 2 🗍 NO				
AN	DID TOBACCO USE CONTR				UNCERTAI	N 🗆 📗						
2	EXAMINER?	I HUSPITAL: OTHER										
ΙΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Nonpatient 2 ER/Outpa	itlent 3 DOA 4	☐ Nursing Home		a Other (Specify)						
	1. Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOI	RK?	2ad, DEŞCRIBE HOW I	NJURY OCCURED					
B	2 Accident Investigation			M 1 🗆 Y								
	3 Suicide a Could not be	28e. PLACE OF INJURY building, atc. (Special	— At home, farm, strei (y)	et, factory, office		28f. LOCATION (Street of City or Town, Stete)	end Number or Rura	I Route Number,				
COMPLETED												
린	29e. CERTIFIER (Check only one)	IAN: To the best of my knowle	edge, death occurred a	t the time, date	end place, end due	to the ceuse(e) end mer	nner ee atated.					
Š	2 MEDICAL EXAMINER	: On the beels of examination	end/or investigation, i	n my opinion, de	eath occured at the	time, data end piece, en	d due to the ceuse	(e) end menner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	and a			29c. LICENSE NUI	MBER	29d. DATE SIGNE	O (Month, Day, Year)				
10	Pall	700 4					▶ 11/3	196.				
	30. NAME AND ADDRESS OF PERSON WHO											
	T. Kanchana, M.	ט. – 320 W.	Main St.	- Cris	field, M	D 21817						
	31. DATE FILED (Month, Day, Year)	32 REGISTION'S SIGNA	TURE									
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S GIGNATURE NOV 0.6 1996 Julia Danderic Navalle											



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPROPTANT, If these 90 is sensited as these 92 shairs can be able to absent the model of sensited as a sensited as
TH OT	TO THE	CONT

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	FRED T.		FORM	JR.	MONT	OF DEATH	AY Y	7EAR 1452 M			
	213-16-7232	TO NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTTH (Month, Day, Year) 72 YRS. 8. BIRTHE Country, MONTHS DAYS HOURS MIN. JUNE 25, 1924 MAX										
TOR	PENINSULA REGIONA RESIDENCE OF DECEDENT		TER		ALISBURY				Y OF DEATH COMICO			
DIRECTOR	Maryland 10b. COUNTY	Somerset	10c. CITY	, TOWN OR LOCAT	ion Stat	ion			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF V 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMPENT OF HISPANIC ORIGIN? (Specify Yea or No.—) 14. RACK											
B≺	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR OATES W. W. II- U.S.	□ NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Spec	or No- 14	14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of w life. Do NOT use		ON st of working			SINESS/INDUS				
COMP	H. S. Graduate - 17. FATHER'S NAME (First, Middle, Last) Fred T. Ford		Manage:	E	18. MOTHER'S N	AME (First,	Middle, Melden		mpany			
TO BE CON	Fred T. Ford Florence Dorsey 190. INFORMANT'S NAME (Type/Print) Alberta B. Ford (Wife) 191. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5122 Whites Road - Marion Station, MD 21838											
	20e. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Competer, prequency or other place) Salisbury Crematory 11/4/96 Salisbury, MD											
	22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Oue TO OR AS A CONSEQUENCE OF 1											
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MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO CO											
AN: M	DID TOBACCO USE CONTRI			S NO C	UNCERTAI	N 🗆			1 TES 2 NO			
PHYSICIAN:	EMARKINESS &	Inpetient 2 ER/Outpatient	B 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence		Other (Specify)					
BY PI	Natural 5 Pending investigation	(Month, Day, Year)	INJURY W		RK? 'ES 2 NO	RIC?		SCRIBE HOW INJURY OCCUREO				
ETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, ferm, streat, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)											
COMPLETED		AN: To the best of my knowledge, On the besis of examination end							ause(e) and menner se stated.			
TO BE O	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	770	29d. DATE SIGNED (Month, Day, Year)							
	30 NAME AND ADDRESS OF PERSON WHO	TEY 145 E.	ARROLL	St. Sali:	sbury , A	nd. 2	21801					
	NOV 06 1996	distribution of the second	Ε		1			·				

Please I	ype or Print i	n Black	indelible in	IK. ASSU	re All	Copies	Are I	Legible
	State of Many	land / Da	nartment of	Hoalth a	nd Ma	ntal Hya	iono	

Physic /Medi		Items: 23 part I 1. Decedent's Name (First, Mi BRENDAN		t)	FOLEY					E	2. Dete of D Month NOV.	Day	Yeer	Time of Diseth		
Exami		4a. Facility Name (If not institu	tion, give	street end num				4	b. City, Tov	vn, or Lo	cation of Dea			2000 01		
		ANNE ARUND	-						ANNA				NE ARU	NDEL		
Funeral Director		5. Sociel Security Number 578-02-2952	6. Se	X XM 2□F	7. Age (In yrs. 23	last birthday) Yrs.	If Under	1 Year Days	If Under 2 Hours	Min.	8. Date of B (Month, D April	irth le <i>y, Year)</i> 19 1973	9. Birthplace Country) Washin	(Stete or Foreign gton, D. C		
M 111		Usual Residence of Decedent 10e. State 10b. Cour	nty		10c. Cit	ty, Town or Lo	cation						10d le	nside City Limits		
28a-f sh	rector	MD Ann 10e. Street and Number	e Ar	undel	Annapolis						1 ☐ Yes					
had hygiens are many and the hygiens the many and of other than "natural", or items 23a or 28a-f show event, it a Macical Examinar must be notified at	ā		o d	10f. Zip Code												
	by Funeral Director			12. Was Deced	Yes 2√∑No s, Give 1 ☐ Yes 2√∑No Specify:			in? (Spe Puerto	? (Specify Yes or No- uerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. Specify: White							
e. In "natur Medical	Completed	15. Deced (Specify only high Elementary/Secondary (0-12	hest gred	cation le completed) College (1-	4or 5+)	16e. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)				of worki	orking 16b. Kind of Bus					
is marked other than "sammetic event, me Mec	Ве Соп	12 17. Father's Neme (First, Midd				Sa	les C	lerk		's Name	(First, Middle	Retail Office Suppl Middle, Meiden Surmeme)				
Men Market	To	Carlyle M. F										itzgeral				
of Health end Men Item 27 is marks other traumatic		19a. Informant's Neme/Relation										ber, City or Town,				
Health em 27 i		Jean T. Fole 20a. Method of Disposition	у-мо	ther	20h F					202	Annapo	napolis, Maryland 21403				
tment tant: If jury or		1 ☐ Burial 2XQCremetio			late		of Disposition (Neme of tery, crematory or other plece)									
		4 Donation 5 Other			Ft.	Linco	In Cre	emat	ory 1	1/7/	96	Brentwo	od, Mar	yland		
Depa Impor any ir		21. Sanature of Europa Service Licensee 22. Name end Address of Fecility								ohn M. Taylor Funeral Home, Inc oucester St. Annapolis, MD 21401						
		23e. Part1. Enter the disease, shock, or heart failure. Li	or compli	ications that car	used the deat	L	4 / Dul	ke o	i Glo	uces	ster St	. Annap	olis, M	D 21401		
ysician Medical caminer		Immediate Cause (Final disease or condition resulting in death)		MORBID	OBESITY								inter	val Between et and Death		
	ner				Due to (o	r as a conseq	uence ot):									
physician and s the bural-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es a consequence of):												
hysici the bu	edicai	thet Initiated events resulting In deeth) Lest	5 °	Due to (or es a consequence of):												
d Se es			L,													
ettending for use es	ian															
by the tached	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in						en in Part I.			111-0-3 1-0-3-1-0	contribute to the cause of death? 3 Probably 4 Unknown				
5 8	Completed by										24a. Wes	s en eutopsy ormed?	evellable	itopsy findings e prior to ion of cause		
ate has page 2	E O										100	Yes 2□No	of deeth			
ificate or, pa		25. Was case referred to medic	al	·					26 Place	of Death	(Check only		1)21 Yes	2 No		
tifical tor, p	o Be	examiner? XXes 2□ No	examiner? Hospital: 3227 Other:						ir.				er (Specify)			
s certific director,	2	27. Manner of Deeth	28b. Time of Injury	1	28c. Injury et Work? 28d. Des				Describe how injury occurred							
After this certific funeral director,	ation: To	1 XXNatural 5 ☐ Pend 2 ☐ Accident inves	tigation			3 ☐ Sulcide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, Stete)				
after deeth. Director: After this certific in by the funeral director,	Certification:	1 XXV Natural 5 Pend invest 2 Accident 6 Could	tigation d not be	28e. Place of building	f Injury - At ho , etc. (Specify	me, farm, stre	et, factory,	office		2	8f. Location (City or To	Street and Numb wn, Stete)	per or Rural Rou	te Number,		
h. After this certific funeral director,	ertification:	1 XXNatural 2	tigation d not be mined	building	est of my know is of exeminat	vledge, death	occurred at	the time	e, date and inlon, death	nlace a	City or To	(Street and Numb wn, Stete) cause(s) end me dete and place, s	anner se etated			

Registrar

NOV 0 7 1996 Julia Davidson-Randelle

